

Harassment/Bullying Incident Report Form

Date: _____ Time: _____ Room/Location: _____

Student(s) Initiating Bullying/Harassment:

 _____ Grade: _____ Class: _____
 _____ Grade: _____ Class: _____

Student(s) Affected:

 _____ Grade: _____ Class: _____
 _____ Grade: _____ Class: _____

Type of Harassment Alleged:

Racial _____ Sexual _____ Religious _____ Other _____

Check all spaces below that apply. An adult stated or identified inappropriate behaviors as:

PHYSICAL	EMOTIONAL	SOCIAL
Hitting, kicking, pulling hair, pushing or shoving, tripping	Using mean and hurtful nicknames (name-calling)	Deliberately excluding someone from a group of friends
Biting, pinching, scratching, spitting	Making fun of others, taunting, ridiculing (teasing)	Completely overlooking someone
Breaking, stealing or harming items	Offensive language including jokes	Trying to get other students to dislike another person
Pestering, inappropriate touching	Sending mean notes	Spreading false rumors to destroy another's reputation
Flashing a weapon	Stalking	Telling lies
Glaring or staring, inappropriate gesturing	Threatening, intimidation/extortion	
	Saying hurtful, unpleasant, and demeaning comments (insults)	

Describe the incident:

Witness present: _____

Evidence of bullying behavior: Graffiti _____ Notes _____ E-mail _____ Web sites _____
 Video/audio tape _____ Other _____

Staff Signature _____

Parent(s) contacted: Date _____ Time _____

Administrative response taken:

