

HARASSMENT/BULLYING INCIDENT REPORT FORM

Date: _____ Time: _____ Room:

Student(s) Initiating Bullying/Harassment:

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Type of Harassment:

Racial: _____ Sexual _____ Religious _____

Other: _____

Check all spaces below that apply.

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Name Calling | <input type="checkbox"/> Stalking | <input type="checkbox"/> Staring/Leering |
| <input type="checkbox"/> Inappropriate Gestures | <input type="checkbox"/> Writing | <input type="checkbox"/> Threatening |
| <input type="checkbox"/> Taunting/Ridiculing | <input type="checkbox"/> Spitting | <input type="checkbox"/> Pushing/Shoving |
| <input type="checkbox"/> Inappropriate Touch | <input type="checkbox"/> Stealing | <input type="checkbox"/> Hitting/Kicking |
| <input type="checkbox"/> Demeaning Comments | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Flashing a Weapon |
| <input type="checkbox"/> Damage to property | <input type="checkbox"/> Other | |

Describe the incident:

Witness(es) Present:

Physical evidence:

_____ Graffiti _____ Notes _____ E-mail
_____ Web Site _____ Video/Audio Other _____

Staff: _____

Signature: _____

----- *For Office Use* -----

Parent(s) contacted: Date _____
Time _____

Administration response taken: _____