

# Harassment/Bullying Incident Report Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room/Location \_\_\_\_\_

Student(s) Initiating Harassment/Bullying:

\_\_\_\_\_

Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Please use the back if more than one person was involved.

Student(s)/Staff Affected:

\_\_\_\_\_

Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Please use back if more than one person was affected.

Type of Harassment/Bullying Alleged: (check one)

Racial: \_\_\_\_\_ Sexual: \_\_\_\_\_ Religious: \_\_\_\_\_ Other: \_\_\_\_\_

Check all inappropriate behaviors as witnessed:

<input type="checkbox"/> Name Calling	<input type="checkbox"/> Spitting
<input type="checkbox"/> Stalking	<input type="checkbox"/> Demeaning Comments
<input type="checkbox"/> Inappropriate Gesturing	<input type="checkbox"/> Stealing
<input type="checkbox"/> Staring/Leering	<input type="checkbox"/> Damaging Property
<input type="checkbox"/> Writing/Graffiti	<input type="checkbox"/> Shoving/Pushing
<input type="checkbox"/> Threatening	<input type="checkbox"/> Hitting/Kicking
<input type="checkbox"/> Taunting/Ridiculing	<input type="checkbox"/> Flashing a Weapon
<input type="checkbox"/> Inappropriate Touching	<input type="checkbox"/> Intimidation/Extortion
<input type="checkbox"/> Other	

Briefly describe the incident/accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other witnesses: \_\_\_\_\_

Physical Evidence: Graffiti \_\_\_\_\_ Notes \_\_\_\_\_ E-mail \_\_\_\_\_ Web Sites \_\_\_\_\_  
Video/Audio Tape \_\_\_\_\_ Other \_\_\_\_\_

**Please stop here and place in "The Box" outside the office.**

Staff Signature: \_\_\_\_\_

Parent(s) Contacted: Date \_\_\_\_\_ Time \_\_\_\_\_

Administrative Response Taken:

\_\_\_\_\_  
\_\_\_\_\_