

**BULLYING INCIDENT REPORT FORM**

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ **Repeat Infraction?** YES NO

**Location of Incident (circle all that apply):**

Hallway Restroom Classroom Gym Lunch Room Playground Locker Room On Bus Parking Lot To/From School  
After School Program School Sponsored Event Text/Phone/Internet/Social Media Other: \_\_\_\_\_

**Name of victim(s):**

**Name of Student(s) bullying:**

**Name(s) of witnesses/bystanders:**

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

**Type of Bullying:**

- Verbal
- Physical: Result in injury? YES NO Reported to Police? YES NO
- Relational

**Bullying Behaviors (circle all that apply):**

Shoved/Pushed Hit, Kicked, Punched Threatened Stole/Damaged Possessions Excluded  
Taunting/Ridiculing Writing/Graffiti Told Lies or False Rumors Staring/Leering  
Intimidation/Extortion Demeaning Comments Inappropriate touching

Cyber-bullying using: Text Messages Website Email Other: \_\_\_\_\_

Racial, Sexual, Religious or Disability Circle one and describe: \_\_\_\_\_

**Reported to school by (circle all that apply):**

Teacher Student Bystander Victim/Target Parent Bus Driver Anonymous Other: \_\_\_\_\_

**Describe the incident:**

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

Physical Evidence? Notes Email Graffiti Video/Audio Website Other: \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Reported by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**For office use only**

**Actions Taken:**

Consequences: \_\_\_\_\_

Remediation: \_\_\_\_\_

Referral for additional support services: \_\_\_\_\_

Parent Contact: Date \_\_\_\_\_ Time \_\_\_\_\_ Person making contact: \_\_\_\_\_

Result: \_\_\_\_\_