

(Sample)
Harassment/Bullying Incident Report Form

Date: _____ Time: _____ Room/Location: _____

Staff Student(s) Initiating Bullying/Harassment:

Grade: _____ Class: _____

Grade: _____ Class: _____

Staff Student(s) Affected:

Grade: _____ Class: _____

Type of Harassment alleged:

Racial Sexual Religious Other _____

Check all spaces below that apply. Inappropriate behaviors observed by adult witnesses include:

- | | |
|--|---|
| <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"/> Cyberbullying | <input type="checkbox"/> Other _____ |

Describe the incident:

Yes, the incident involved physical injury. No, physical injury was not involved.

Names of witnesses: _____

Physical evidence: Graffiti Notes E-mail Web sites _____
 Video/audiotape Other _____

Staff Signature: _____ Title: _____

Parent(s) contacted: Date: _____ Time: _____
Date: _____ Time: _____

Administrative action taken: _____
