Harassment/Bullying Incident Report Form

Date Occurred: _____ Time Occurred: _____

Person reporting the harassment/bullying:

Name: _____ Grade: _____

❑ Student ❑ Parent ❑ School Staff ❑ Community Member

Student (s) accused of initiating the Bullying/Harassment:

Name: _____ Grade: _____ Classroom:_____

Name: _____ Grade: _____ Classroom:_____

Name: _____ Grade: _____ Classroom:_____

Student(s Affected:

Name: _____ Grade: _____ Classroom: _____

Type of Harassment/Bullying (check all that apply):

❑ Physical ❑ Verbal ❑ Social/Relational ❑ Digital/Cyber ❑ Sexual ❑ Identity-Based/Prejudicial Bullying

Location of Bullying (check all that apply):

❑ Recess ❑ Hallway ❑ Cafeteria ❑ Restrooms ❑ Classroom ❑ Bus ❑ Home ❑ Other: _____

Specific Bullying Behavior (check all that apply):

❑ Demeaning Comments	❑ Staring/Leering	❑ Pushing/Shoving
❑ Name Calling	❑ Threatening	❑ Stealing
❑ Inappropriate Gestures	❑ Inappropriate Touch	❑ Hitting/Kicking
❑ Writing/Graffiti	❑ Spitting	❑ Intimidation/Extortion
❑ Taunting/Ridiculing	❑ Stalking	❑ Damage to property
❑ Representation of a Weapon (real or created)	❑ Other:_____	

Summary/Description of the Incident:

_____

_____

Witness(es) present: _____

Physical Evidence:

❑ Graffiti ❑ Notes ❑ Email ❑ Injuries ❑ Camera/Video ❑ Digital Message ❑ Websites ❑ Video/Audio Tape ❑ Other: _____

Office Use Only:

Date Incident was reported: _____

Date of Initial Investigation: _____

Person Completing the Investigation

Name: _____ Title: _____

List any documentation and attach:

_____

_____

Summarize the investigation:

_____
_____
_____

Conclusion of investigation:

_____
_____

Follow-Up Actions (include consequences for offender, remediation to address harm to victims and all actions taken):

_____
_____

Parents Contacted:

Victim Name: _____

Parent Name: _____ Date: _____ Time: _____

Accused Offender Name: _____

Parent Name: _____ Date: _____ Time: _____

Witness(es) Name(s): _____

Parent Name: _____ Date: _____ Time: _____

Date Investigation Completed: _____

Staff Signature: _____ Date: _____