

HARASSEMNT/BULLYING INCIDENT REPORT FORM

Date: _____ Time: _____ Room/Location _____

Student(s) Bullying/Harssment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Student(s) Affected:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Type of Harassemnt Alleged:

Racial _____ Sexual _____ Religious _____ Other _____

Check all spaces below that apply. Adult stated or identified inappropriate behaviors as:

_____ Name Calling

_____ Stalking

_____ Inappropraite Gesturing

_____ Staring/Leering

_____ Writing/Graffiti

_____ Threatening

_____ Taunting/Ridiculing

_____ Inappropriate Touching

_____ Other _____

_____ Spitting

_____ Demeaning Comments

_____ Stealing

_____ Damaging Property

_____ Soving/Pushing

_____ Hitting/Kicking

_____ Flashing a Weapon

_____ Intimidation/Extortion

Describe the incident: _____

Witnesses Present: _____

Physical evidence: Graffiti _____ Notes _____ E-mail _____ Web sites _____ Video/audio tape _____

Other _____

Staff signature _____

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

Administrative response taken: _____
