

HARASSMENT/BULLYING INCIDENT REPORT FORM

Adoption Date: 6/12/2012

Revision Date:

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Date: _____ Time: _____ Room/Location _____

Student(s) Initiating Bullying/Harassment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Student(s) Affected:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Type of Harassment Alleged:

Racial _____ Sexual _____ Religious _____ Other _____

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

____ Name Calling

____ Spitting

____ Stalking

____ Demeaning Comments

____ Inappropriate Gesturing

____ Stealing

____ Staring/Leering

____ Damaging Property

____ Writing/Graffiti

____ Shoving/Pushing

____ Threatening

____ Hitting/Kicking

____ Taunting/Ridiculing

____ Flashing a Weapon

____ Inappropriate Touching

____ Intimidation/Extortion

____ Other _____

Describe the incident:

Witnesses Present: _____

Physical Evidence: Graffiti _____ Notes _____ E-Mail _____ Web sites _____ Video/audio tape _____
Other _____

Staff signature _____

Parent(s) contacted: Date _____ Time _____

Administrative response taken:
