

# 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 Bus Stop 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 School Nurse? 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: \_\_\_\_\_

**Actions Taken (see Protocol for Guidelines):**

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

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

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

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

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

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

# Bullying Incident Follow-Up

**Follow-up Conference**

**Date:**

**Time:**

Conducted by:

\_\_\_\_\_

**People present:**

Administrator \_\_\_\_\_  Social Worker \_\_\_\_\_  Counselor \_\_\_\_\_  Teacher \_\_\_\_\_

Student \_\_\_\_\_  Parent \_\_\_\_\_  Parent \_\_\_\_\_  Witnesses \_\_\_\_\_

School Psychologist  Other \_\_\_\_\_

According to student, situation is:

Better

Worse

No difference

**Comments:**

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**Parent Contact:**

**Date:**

**Time:**

**Person making contact:**

\_\_\_\_\_

**Additional Actions / Notes:**

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**Follow-up Conference**

**Date:**

**Time:**

Conducted by:

\_\_\_\_\_

**People present:**

Administrator \_\_\_\_\_  Social Worker \_\_\_\_\_  Counselor \_\_\_\_\_  Teacher \_\_\_\_\_

Student \_\_\_\_\_  Parent \_\_\_\_\_  Parent \_\_\_\_\_  Witnesses \_\_\_\_\_

School Psychologist  Other \_\_\_\_\_

According to student, situation is:

Better

Worse

No difference

**Comments:**

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**Parent Contact:**

**Date:**

**Time:**

**Person making contact:**

\_\_\_\_\_

**Additional Actions / Notes:**

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