

Harassment/Bullying Incident Report Form

Date: _____ Time: _____ Room/Location: _____

Student(s) Initiating Bullying/Harassment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Student Affected:

_____ Grade: _____ Class: _____

Type of Harassment alleged:

Racial ___ Sexual ___ Religious ___ Gender ___ Color ___ Weight ___ Ethnicity ___ Disability ___ Other

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

- | | |
|--|---|
| <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"/> Damaging property | <input type="checkbox"/> Shoving/pushing |
| <input type="checkbox"/> Writing/graffiti | <input type="checkbox"/> Hitting/kicking |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Intimidation/extortion |
| <input type="checkbox"/> Taunting/ridiculing | |
| <input type="checkbox"/> 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: