

INCIDENT TITLE	DATE OF INCIDENT	TIME OF INCIDENT	REPEAT INFRACTION? <input type="radio"/> Yes <input type="radio"/> No
----------------	------------------	------------------	--

Location of Incident *(select all that apply)*

- | | |
|-----------------------------------|--|
| <input type="radio"/> Hallway | <input type="radio"/> On Bus |
| <input type="radio"/> Restroom | <input type="radio"/> Parking Lot |
| <input type="radio"/> Classroom | <input type="radio"/> To / From School |
| <input type="radio"/> Gym | <input type="radio"/> After School Program |
| <input type="radio"/> Lunch Room | <input type="radio"/> School Sponsored Event |
| <input type="radio"/> Playground | <input type="radio"/> Text / Phone / Internet / Social Media |
| <input type="radio"/> Locker Room | <input type="radio"/> Other: _____ |
| <input type="radio"/> Bus Stop | |

Type of Bullying

- | | |
|--|------------------------------------|
| <input type="radio"/> Physical | <input type="radio"/> Verbal |
| Result in injury? <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Relational |
| Reported to School Nurse? <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Other: _____ |
| Reported to Police? <input type="radio"/> Yes <input type="radio"/> No | |

Bullying Behaviors *(select all that apply)*

- | | |
|---|---|
| <input type="radio"/> Shoved / Pushed | <input type="radio"/> Threatened |
| <input type="radio"/> Excluded | <input type="radio"/> Writing/Graffiti |
| <input type="radio"/> Staring / Leering | <input type="radio"/> Demeaning Comments |
| <input type="radio"/> Hit, Kicked, Punched | <input type="radio"/> Stole/Damaged Possessions |
| <input type="radio"/> Taunting/ridiculing | <input type="radio"/> Told Lies or False Rumors |
| <input type="radio"/> Intimidation/Extortion | <input type="radio"/> Inappropriate touching |
| <input type="radio"/> Cyber-bullying using: <input type="radio"/> Text Message <input type="radio"/> Website <input type="radio"/> Email <input type="radio"/> Other: _____ | |
| <input type="radio"/> Racial <input type="radio"/> Sexual <input type="radio"/> Disability Select one and describe: _____ | |

Reported to School by *(select all that apply)*

- | | |
|---------------------------------------|------------------------------------|
| <input type="radio"/> Teacher | <input type="radio"/> Parent |
| <input type="radio"/> Student | <input type="radio"/> Bus Driver |
| <input type="radio"/> Bystander | <input type="radio"/> Anonymous |
| <input type="radio"/> Victim / Target | <input type="radio"/> Other: _____ |

Describe the Incident

<School District Name>

BULLY INCIDENT REPORT FORM

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: _____

REPORTED BY

SIGNATURE

TODAY'S DATE

<School District Name>

BULLY INCIDENT FOLLOW-UP FORM

Follow-Up Conference: Date: _____ Time: _____ Conducted By: _____

People Present

- | | | | |
|-------------------------------------|-------|---|-------|
| <input type="radio"/> Administrator | _____ | <input type="radio"/> Parent | _____ |
| <input type="radio"/> Social Worker | _____ | <input type="radio"/> Parent | _____ |
| <input type="radio"/> Counselor | _____ | <input type="radio"/> Witnesses | _____ |
| <input type="radio"/> Teacher | _____ | <input type="radio"/> School Psychologies | _____ |
| <input type="radio"/> Student | _____ | <input type="radio"/> Other: | _____ |

According to student, situation is: Better Worse No Difference

Comments:

Parent Contact Date: _____ Time: _____ Person Making Contact: _____

Additional Actions / Notes:

Follow-Up Conference: Date: _____ Time: _____ Conducted By: _____

People Present

- | | | | |
|-------------------------------------|-------|---|-------|
| <input type="radio"/> Administrator | _____ | <input type="radio"/> Parent | _____ |
| <input type="radio"/> Social Worker | _____ | <input type="radio"/> Parent | _____ |
| <input type="radio"/> Counselor | _____ | <input type="radio"/> Witnesses | _____ |
| <input type="radio"/> Teacher | _____ | <input type="radio"/> School Psychologies | _____ |
| <input type="radio"/> Student | _____ | <input type="radio"/> Other: | _____ |

According to student, situation is: Better Worse No Difference

Comments:

Parent Contact Date: _____ Time: _____ Person Making Contact: _____

Additional Actions / Notes: