

Harassment/Bullying Incident Report Form

Date: Time: Room/Location: _____

Student(s) Initiating Bullying/Harassment:

Grade: Class:

Grade: Class:

Student(s) Affected:

Grade: Class:

Type of Harassment alleged:

Racial _____ Sexual _____ Religious _____ Other _____

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

Name calling Spitting Stalking Demeaning comments

Inappropriate gesturing Stealing Intimidation/extortion

Damaging property

Writing/graffiti Shoving/pushing Threatening Hitting/kicking

Taunting/ridiculing Flashing a weapon Inappropriate touching

Other _____

Describe the incident: (Please use back of form if you need more space to write up 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: