LONE STAR BORD OF EDUCATION

FNCD-E

HARASSMENT/BULLYING INCIDENT REPORT FORM

Date:		Time:		Room/Loca	ation:		
Student(s) Initiating	Bullying/Ha	rassment:					
				Grade:		_Class:	
				Grade:		_Class:	
Student(s) Affected:							
				Grade:		_Class:	
				Grade:		_Class:	
Гуре of Harassment	Alleged:						
Racial Sexua	ıl	Religious	Other				
Check all spaces belo	ow that appl	y. Adult stat	ted or identifie	ed inappropriate	behaviors as:		
Name Calling Stalking Inappropriate Control Staring/Leerin Writing/Graffi Threatening Taunting/Ridio Inappropriate Cother Other	g ti culing Fouching			Spitting Demeaning Cor Stealing Damaging Prop Shoving/Pushin Hitting/Kicking Flashing a Wea Intimidation/Ex	erty g pon tortion		
Witnesses Present: _							
Physical evidence: (E-mail		Video/aud	lio tape	
Staff signature							
Parent(s) contacted:	Date			Time			
Administrative respo	onse taken:						