HARASSMENT/BULLYING INCIDENT REPORT FORM

Date: _____ Time: _____ Room/Location: _____

Student(s) Initiating Bullying/Harassment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Student(s) Affected:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Type of Harassment Alleged:

Racial _____ Sexual _____ Religious _____ Other _____

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

_____ Name Calling
_____ Stalking
_____ Inappropriate Gesturing
_____ Staring/Leering
_____ Writing/Graffiti
_____ Threatening
_____ Taunting/Ridiculing
_____ Inappropriate Touching
_____ Spitting
_____ Demeaning Comments
_____ Stealing
_____ Damaging Property
_____ Shoving/Pushing
_____ Hitting/Kicking
_____ Flashing a Weapon
_____ Intimidation/Extortion
_____ 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:

_____