



BULLYING INCIDENT REPORT FORM

Date of Incident: _____ Time of Incident: _____ Repeat infraction? YES
/NO

Location of Incident (circle all that apply):

Dance Studio Sponsored Event; Text/Phone/Internet/Social Media; Other:

Name of victim(s):

Name(s) of witnesses/bystanders:

Name of student(s) bullying:

Type of Bullying:

- Verbal
- Physical: Result in injury? YES or NO

Reported to Studio Staff? YES or NO Reported to Police? YES or NO

Bullying Behaviors (circle all that apply):

Shoved/Pushed
Excluded

Staring/Leering
Cyber-bullying using:
Racial, Sexual, Religious or Disability

Physical Evidence?

Circle all that Apply:

Text Note Email Video Audio Other: _____

Reported to studio by (circle all that apply):

Teacher Student Victim Parent

Describe the incident:
