HARRASSMENT/BULLYING INCIDENT REPORT FORM

Date: _____ Time: _____ Room/Location: _____

Student(s) Initiating Bullying/Harassment:

_____ Grade: _____ Class: _____

_____ 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: (Use the back of this form or a separate sheet to describe the incident, if necessary)

_____

_____

Witnesses Present: _____

Physical Evidence: Graffiti ____ Notes ____ E-mail ____ Web sites ____ Video/audio tape ____
Other _____

Staff Signature _____
Parent(s) Contacted: Date _____ Time _____

Administrative response/action taken:

_____

_____