

# Harassment/Bullying Incident Report Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room/Location: \_\_\_\_\_

Person(s) Completing Form: \_\_\_\_\_ Grade: \_\_\_\_\_

Person(s) Initiating Bullying/Harassment \_\_\_\_\_ Grade: \_\_\_\_\_

Person(s) Affected: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Harassment Alleged: Racial \_\_\_\_\_ Sexual \_\_\_\_\_ Religious \_\_\_\_\_ Other: \_\_\_\_\_

Check all behaviors below that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Name Calling            | <input type="checkbox"/> Stalking            | <input type="checkbox"/> Spitting               |
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Staring/Leering     | <input type="checkbox"/> Writing/Graffiti       |
| <input type="checkbox"/> Threatening             | <input type="checkbox"/> Taunting/Ridiculing | <input type="checkbox"/> Inappropriate Touching |
| <input type="checkbox"/> Demeaning Comments      | <input type="checkbox"/> Stealing            | <input type="checkbox"/> Damaging Property      |
| <input type="checkbox"/> Shoving/Pushing         | <input type="checkbox"/> Hitting/Kicking     | <input type="checkbox"/> Flashing a Weapon      |
| <input type="checkbox"/> Intimidation/Extortion  |  |   |
| <input type="checkbox"/> Other _____             |  |   |

Describe the Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses present: \_\_\_\_\_

Physical Evidence: Graffiti \_\_\_\_\_ Notes \_\_\_\_\_ Email \_\_\_\_\_ Web Sites \_\_\_\_\_ Video/Audio Tape \_\_\_\_\_

**PLEASE RETURN THIS FORM TO STUDENT MANAGEMENT**

**NOTICE: False accusations of bullying or harassment will be subject to appropriate disciplinary action.**