

Directions for Completing the Bullying Incident Report Form

The Bullying Incident Report Form may be filled out by a student, parent, or staff member and turned in to any of the following:

- ***The Assistant Principals, Mr. Fraser & Mrs. McKnight***
- ***The Student Support Office Staff***
 - ***Mrs. Johnson (Secretary)***
 - ***Mrs. Gary***
 - ***Ms. Fedyski***
 - ***Mrs. Swanson***
 - ***Mrs. Kinsella***
 - ***Mr. Dunk***
- ***For Students: Any of your teachers***

We need the name of the victim on the form in case we need additional information and to follow up to see if the bullying stops. We will keep your name anonymous when addressing the offender. Please provide as much detail as you can when completing the form. We will contact you within 24 hours after we receive the form.

Form follows on the next page (electronic) or on back (hard copy).

BULLYING INCIDENT REPORT FORM

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

Location of Incident (circle all that apply):

Hallway Restroom Classroom Gym Lunch Room Playground Locker Room Bus Stop On Bus Parking Lot
To/From School After School Program School Sponsored Event Text/Phone/Internet/Social Media Other: _____

Name of victim(s): _____ **Name of student(s) bullying:** _____ **Name(s) of witnesses/bystanders:** _____

Type of Bullying:

- Verbal
- Physical: Result in injury? YES NO Reported to School Nurse? YES NO Reported to Police? YES NO
- Relational

Bullying Behaviors (circle all that apply):

Shoved/Pushed Hit, Kicked, Punched Threatened Stole/Damaged Possessions
Excluded Taunting/ridiculing Writing/Graffiti Told Lies or False Rumors
Staring/Leering Intimidation/Extortion Demeaning Comments Inappropriate touching
Cyber-bullying using: Text messages Website Email Other: _____
Racial, Sexual, Religious or Disability Circle one and describe: _____

Reported to school by (circle all that apply):

Teacher Student Bystander Victim/Target Parent Bus Driver Anonymous Other: _____

Describe the incident:

Physical Evidence? Notes Email Graffiti Video/audio Website Other: _____

Actions Taken (see Protocol for Guidelines):

Consequences: _____

Remediation: _____

Referral for additional support services: _____

Parent Contact: Date _____ Time _____ Person making contact: _____

Result: _____

Today's Date: _____ **Reported by:** _____ **Signature:** _____