



### Harassment/Bullying Incident Report Form

Date:

Time:

Room/Location of the Incident:

**Student(s) Initiating Bullying/Harassment:**

Name:

Name:

Grade:

Grade:

Gender:

Gender:

**Student(s) Affected:**

Name:

Name:

Grade:

Grade:

Gender:

Gender:

**Type of Harassment alleged:**

Racial:

Religious:

Sexual:

Other:

Check all spaces below that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Name calling        | <input type="checkbox"/> Threatening                                  | <input type="checkbox"/> Inappropriate gesturing |
| <input type="checkbox"/> Demeaning comments  | <input type="checkbox"/> Writing/graffiti                             | <input type="checkbox"/> Damaging property       |
| <input type="checkbox"/> Taunting/ridiculing | <input type="checkbox"/> Hitting/kicking                              | <input type="checkbox"/> Inappropriate touching  |
| <input type="checkbox"/> Cyberbullying       | <input type="checkbox"/> Spitting                                     | <input type="checkbox"/> Intimidation/extortion  |
| <input type="checkbox"/> Stealing            | <input type="checkbox"/> Stalking                                     | <input type="checkbox"/> Shoving/pushing         |
| <input type="checkbox"/> Staring/leering     | <input type="checkbox"/> Flashing a weapon or threatening of a weapon |  |

**Describe the incident:**

**Witnesses Present:**

**Physical evidence:**

Graffiti       Website       Notes       Video/audio recording

Email       Other

**Student affected had the opportunity to write a narrative and**

1) it is attached      or      2) declined. (circle one)

**Student initiating bullying/harassment had the opportunity to write a narrative and**

1) it is attached      or      2) declined. (circle one)

**Please turn in this form to Principal's Office.**

**False accusations of bullying or harassment will be subject to disciplinary action**