HARASSMENT/BULLYING INCIDENT REPORT FORM

Date: ___________________ Time: _______________ Room/Location: ___________________

Student(s) Initiating Bullying/Harassment:

_________________________________________ 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  ___ Spitting
___ Stalking  ___ Demeaning Comments
___ Inappropriate Gesturing  ___ Stealing
___ Staring/Leering  ___ Damaging Property
___ Writing/Graffiti  ___ Shoving/Pushing
___ Threatening  ___ Hitting/Kicking
___ Taunting/Ridiculing  ___ Flashing a Weapon
___ Inappropriate Touching  ___ Intimidation/Extortion
___ Other

Describe the incident:

________________________________________

Witnesses Present:

________________________________________

Physical evidence:  Graffiti _____ Notes _____ E-mail _____ Web sites _____ Video/audio tape _____

Other

Staff signature ____________________________

Parent(s) contacted: Date _______________ Time ___________________

Administrative response taken:

________________________________________________________________________

Adoption Date: ___________________ Revision Date(s): ___________________ Page 1 of 1