GORE BOARD OF EDUCATION POLICY

FNCD-E

HARASSMENT/BULLYING INCIDENT REPORT FORM

Date:	Γ	ime:		Room/Loca	tion:		
Student(s) Initiating E	Bullying/Har	assment:					
				Grade:		_Class:	
				Grade:		_Class:	
Student(s) Affected:							
				Grade:		_Class:	
				Grade:		Class:	
Type of Harassment A	Alleged:						
Racial Sexual	Б	Religious	Other				
Check all spaces belo	w that apply	. Adult state	ed or identifi	ed inappropriate l	ehaviors as:		
Name Calling Stalking Inappropriate G Staring/Leering Writing/Graffiti Threatening Taunting/Ridicu Inappropriate T Other Describe the incident:	uling ouching			Spitting Demeaning Cor Stealing Damaging Prop Shoving/Pushin Hitting/Kicking Flashing a Weal Intimidation/Ex	erty g oon tortion		
Witnesses Present:							
Physical evidence: G O				Web sites		io tape	_
Staff signature							
	Date			Time			
Parent(s) contacted: 1							
Parent(s) contacted: I Administrative respon	nse taken:						