Bullying Incident Report Form

Today’s Date: ________________________________

1. About You
I know it can be scary to tell / report bullying. You do not need to include your name on the form. A teacher, staff or a principal may want to ask more questions about this so if you include your name, it will help them. You will not get in trouble for sharing your report.

What is your name: ________________________________

Did bullying happen to you?  Yes  No

Did you see the event happen?  Yes  No

2. Information about what happened

Who did this happen to? ________________________________

Who behaved this way? ________________________________

When did it happen?

Date: ________________________________

What time: ________________________________

Where did it happen?

___ On school campus: ________________________________

___ Not on school campus: ________________________________

___ On the computer, phone, or tablet, or on the internet
3. Was an adult nearby? Who? Who else saw what happened? Write their names here:

4. Tell us what happened.
Did the bullying include mean comments about you or your friends?
Bullying Incident Report Form

_____ Physical Acts: such as hitting, spitting, kicking, or damaging your or another student’s possessions

_____ Did you or someone get hurt?  Yes  No

_____ Emotional: Spreading mean rumors or lies about you or another student

_____ Verbal: Saying mean or hurtful things or threatening you or another student

_____ Cyber: Online, through video games, or email / VP

6. Did this happen before?

No  Yes: 1 - 2 times  3 – 5 times  many times

7. Do you feel safe?

Yes, I’m okay  No, I need help!  I want to.  I am not sure.

8. Do you want to share more?
Thank you for sharing. Please give this to your Principal or the Director of Student Services.

Signature of Person Filling Out this Report: __________________________ Date: __________
(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

Received by: __________________________ Position: ______________
Signature: __________________________ Date: __________

Reviewed by: __________________________ Position: ______________
Signature: __________________________ Date: __________

Attach any documents to this form or turn over the page to write notes as needed.

Documents: Interview questions, interview notes, and counseling referral form.