Bullying Incident Report Form

Today’s Date: _____________________________

1. Person Reporting Incident

Name:
(Note: Reports may be made anonymously. TLC will take every report seriously and follow up. Each report made is confidential.)

Person reporting incident:

_____ Was a target of the bullying behavior

_____ Saw bullying behavior happen at school

Are you a: _____ student _____ teacher _____ parent / caregiver

_____ staff member (specify role) __________________________

_____ administrator _____ Other (specify) _____________________

Did you see the event happen? Yes No

How do you prefer we contact you? Select all that apply

e-mail Telephone (VP / Voice / Text) In-person

2. Information about the Incident:

• Name of alleged target(s) (of behavior):

• Name of alleged offender(s) / aggressor(s) (Person who engaged in the behavior):

• Date(s) of Incident(s):

• Time When Incident(s) Occurred:
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● **Location of Incident(s) (Be as specific as possible):**

**On School Campus:**
- Classroom
- Hallway/Stairs/Transitions
- Bathroom
- Locker Room/Gym
- Office Area
- Playground
- Cafeteria
- Bus / Van Areas / Parking Lot

**On or off campus:**
- School-sponsored activity or event
- School-sponsored after school program
- Athletic event
- On the way to / from school

**Digital Device:**
- On School Property
- Off school property

3. **Witnesses:**
(List people who saw the incident or who have information about it)

Name: ________________________________  □ Student  □ Staff  □ Other
Name: ________________________________  □ Student  □ Staff  □ Other
Name: ________________________________  □ Student  □ Staff  □ Other

4. **Describe the incident(s), (including names of people involved, what occurred, and what each person did and said, including specific words used).**
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_____ Physical Acts: such as hitting, spitting, kicking, or damaging your or another student’s possessions

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

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

_____ Non-verbal: Eye-rolling, making faces, or unkind gestures

**Mean comments / behavior were about:**
- □ Size, weight, or how you look
- □ How well you do in school
- □ Religion or beliefs
- □ Gender
- □ LGBTQIA Identities
- □ Race, ethnicity, skin color
- □ Communication style
- □ Neurodivergence
- □ Medical disability or another disability
- □ Other things
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______ Cyber/Online: Occurs on website or social media, by cell phone, email or text message on Facebook, texts, VP or other social media

______ Social: Excluding you or another student from a group, telling other kids not to talk to you or another student, gossiping

______ Personal Property: theft, damage, and not respecting personal space

______ Sexual Bullying: Physical or non-physical behavior that degrades someone, singles someone out using sexual language, gestures or violence, and victimizing someone for their appearance. Sexual bullying is also pressured to act promiscuously or a way to make someone feel uncomfortable.

______ Other: (Please describe): __________________________________________________________

How many times?  
□ One time  
□ 2 times  
□ 3-5 times  
□ More than 5 times  
□ Not sure how many times

Do you feel safe?  
□ Yes, I’m okay.  
□ NO, I need help!  
□ I am not sure. I want to talk with someone please.

5. Did an injury result from the incident?
   ____ No  
   ____ Yes, but it did not require medical or mental health attention.  
   ____ Yes, and it required medical or mental health attention.

6. Is there any additional information you would like to provide?
   No:

   Yes:
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Thank you. Please return this form to the Principal or Director of Student Services.

This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are accurate and true to the best of your knowledge. If you fear that you or a student is in IMMEDIATE danger, please contact a trusted adult right away!

Signature of Person Filling Out this Report: ________________________________

Date: _________

(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

Received 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.