

DISTRICT FORM

BULLYING INCIDENT FORM

Date: _____ Time: _____ Room/Location: _____

Student(s) Initiating Bullying/Harassment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Students Affected:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Type of Harassment Alleged:

Physical _____ Emotional _____ Social _____ Sexual _____

Other _____

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: _____

Adopted: September 14, 2020

Revised: June 2025

Physical evidence: Graffiti _____ Notes _____ E-mail _____ Web sites _____ Video/Audio _____
Other _____

Alleged Victim Parent(s) informed: Date _____ Time _____

Alleged Bully's Parent(s) informed: Date _____ Time _____

Administrative Determination of Investigation:

_____ Bullying **was** substantiated _____ Bullying **was not** substantiated

Disciplinary Actions Taken: _____

_____ Conference with student	_____ Restriction of privileges
_____ Conference with parent	_____ Involvement of local authorities
_____ In-School Suspension	_____ Referring student to appropriate social agency
_____ Detention	_____ Suspension
_____ Behavioral Contract	_____ Removal from activities
_____ Changing student's seat assignment	_____ Law Enforcement
_____ Referral to OJA Program (age 12 & up)	
_____ Require student to clean or straighten items of facilities damaged by student's behavior	
_____ Require student to make financial restitution	
_____ Other _____	

Parent notification of investigation outcome: (occurs within 3 days of completion of the investigation)

Target's Parent(s) contacted: Date _____ Time _____

Alleged Bully's Parent(s) contacted: Date _____ Time _____

Date Recorded in the Student Information System if report was substantiated: _____

Staff Signature: _____