

**Safe and Healthy Schools  
Harassment/Bullying Incident Report Form**

School Site: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room/Location: \_\_\_\_\_

Staff  Student(s) Initiating Bullying/Harassment:  
\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Staff  Student(s) Affected:  
\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Type of Harassment alleged:

Racial  Sexual  Religious  Other \_\_\_\_\_

Check all spaces below that apply. Inappropriate behaviors observed by adult witnesses include:

- |  |   |
|--|---|
| <input type="checkbox"/> Name Calling            | <input type="checkbox"/> Spitting               |
| <input type="checkbox"/> Stalking                | <input type="checkbox"/> Demeaning Comments     |
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Stealing               |
| <input type="checkbox"/> Staring/Leering         | <input type="checkbox"/> Damaging Property      |
| <input type="checkbox"/> Writing/Graffiti        | <input type="checkbox"/> Shoving/Pushing        |
| <input type="checkbox"/> Threatening             | <input type="checkbox"/> Hitting/Kicking        |
| <input type="checkbox"/> Taunting/Ridiculing     | <input type="checkbox"/> Flashing a Weapon      |
| <input type="checkbox"/> Inappropriate Touching  | <input type="checkbox"/> Intimidation/Extortion |
| <input type="checkbox"/> Cyberbullying           | <input type="checkbox"/> Other _____            |

Describe the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes, the incident involved physical injury.  No, physical injury was not involved.

Names of witnesses: \_\_\_\_\_

Physical evidence:  Graffiti  Notes  E-mail  Web sites \_\_\_\_\_  
 Video/audiotape  Other \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Parent(s) contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Administrative action taken:

\_\_\_\_\_  
\_\_\_\_\_