

BULLYING INCIDENT REPORT

For use when reporting bullying incidents at school! It may be used by school and police officials when investigating this or other related incidents.

Report Made By: _____ Date: _____

Exact location/s of Incident: _____

Date of Incident: _____ Approximate time of Incident: _____

Check those that apply:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> kicking | <input type="checkbox"/> teasing | <input type="checkbox"/> exclusion from game/activity |
| <input type="checkbox"/> hitting | <input type="checkbox"/> embarrassment | <input type="checkbox"/> name calling |
| <input type="checkbox"/> pushing | <input type="checkbox"/> tripping | <input type="checkbox"/> rude gestures |
| <input type="checkbox"/> spitting | <input type="checkbox"/> hate notes | <input type="checkbox"/> spreading rumors |
| <input type="checkbox"/> insulting | <input type="checkbox"/> discrimination | <input type="checkbox"/> cyber-bullying |
| <input type="checkbox"/> hazing | <input type="checkbox"/> put downs | <input type="checkbox"/> intimidation |

other/s _____

Please describe in detail exactly what occurred, anyone who was involved, possible witnesses. Details are very important.

Continue report on the back!

I certify that all statement made above are true to the best of my knowledge. I understand that if I falsify this document, I can be held subject to consequences at school and by legal authorities (if applicable).

Signature

Date Submitted