

SHAWANO SCHOOL DISTRICT

Exhibit 443.10

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:

- kicking teasing exclusion from game/activity
- hitting embarrassment name calling
- pushing tripping rude gestures
- spitting hate notes spreading rumors
- insulting discrimination cyber-bullying
- hazing put downs 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