

All Hands In!
Harassment / Bullying Incident Report Form

Date: _____ Time: _____ Room / Location: _____

Student(s) Initiating Bullying / Harassment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Student(s) Affected:

_____ Grade: _____ Class: _____

Type of Harassment alleged:

Racial _____ Sexual _____ Religious _____ Other _____

Check all spaces below that apply. Adult stated or 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: _____

Physical evidence: Graffiti _____ Notes _____ Email _____ Web sites _____
Video / audio tape _____ Other _____

Staff Signature _____

Parent(s) contacted: Date _____ Time _____

Administrative response taken:
