OSSBA POLICY SERVICES

FNCD-E

HARASSMENT/BULLYING INCIDENT REPORT FORM

| Date: | Time: | Room/Location; | |
|--|-------------|---|---|
| Student(s) Initiating Bu | | | |
| | | Grade: | Class: |
| | | Grade: | |
| Student(s) Affected: | | | |
| | | Grade: | Class: |
| | | Grade: | |
| Type of Harassment All | eged: | | |
| Racial Sexual _ | Religious | Other | |
| | | ed or identified inappropriate behaviors | |
| Name Calling Stalking Inappropriate Gest Staring/Leering Writing/Graffiti Threatening Taunting/Ridiculin Inappropriate Tour Other Describe the incident: | ng Ching | Spitting Demeaning Comments Stealing Damaging Property Shoving/Pushing Hitting/Kicking Flashing a Weapon Intimidation/Extortion | |
| Witnesses Present: | | | 17 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| Physical evidence: Graf Othe | fiti Notes | E-mail Web sites Vide | o/audio tape |
| Staff signature | | | |
| | | Time | |
| Administrative response | taken: | | |
| ption Date: | | Revision Date(s): | Page 1 of 1 |