HARASSMENT/BULLYING INCIDENT REPORT FORM Time: _____ Room/Location: ____ Student(s) Initiating Bullying/Harassment: Grade: Class: _____ _____ Grade: _____ Class: _____ Student(s) Affected: Grade: _____ Class: ____ _____ 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 **Demeaning Comments** Stalking Inappropriate Gesturing Stealing Damaging Property Staring/Leering Shoving/Pushing Writing/Graffiti Hitting/Kicking Threatening Taunting/Ridiculing ___ Flashing a Weapon Intimidation/Extortion Inappropriate Touching _Other_ Describe the incident: Witnesses Present: Physical evidence: Graffiti _____ Notes ____ E-mail ____ Web sites _____ Video/audio tape ____ Other Staff signature ____ Parent(s) contacted: Date ______ Time _____ Administrative response taken:

Revision Date(s):

Adoption Date: 6/26/2012

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