VALLIANT BOARD OF EDUCATION

FNCD-E

HARASSMENT/BULLYING INCIDENT REPORT FORM

Date:		Time:		Room/Loca	ntion:		
Student(s) Initiating	Bullying/Ha	rassment:					
				Grade:		Class:	
				Grade:		Class:	
Student(s) Affected:							
				Grade:		Class:	
				Grade:		Class:	
Type of Harassment	Alleged:						
Racial Sexua	1	Religious	Other				
Check all spaces belo	w that apply	y. Adult stat	ted or identifie	d inappropriate	pehaviors as:		
Name Calling Stalking Inappropriate C Staring/Leering Writing/Graffit Threatening Taunting/Ridic Inappropriate T Other Describe the incident	g i uling ouching			Spitting Demeaning Cor Stealing Damaging Prop Shoving/Pushin Hitting/Kicking Flashing a Wea Intimidation/Ex	erty g pon tortion		
Witnesses Present: _							
Physical evidence: C			E-mail		Video/audi	o tape	_
Staff signature							
Parent(s) contacted:	Date			Time			
Administrative respo	nse taken:						