Incident Report

Student name: ________________________________________________________ Date: / /

Class: ___________________________ Teacher: ___________________________

Teacher/Support Staff reporting the incident: _______________________________________________

Where did the incident occur? ___________________________________________________________

Behavior displayed: Bullying Being bullied

physical bullying
  hitting, punching
  pinching, tripping
  kicking, pushing
  scratching, spitting
  damaging/stealing property
  throwing objects at someone
  hiding/taking belongings
  other
  ______________________

verbal bullying
  teasing/name calling
  making offensive remarks
  making discriminatory remarks
  insulting someone
  threatening someone
  repeated teasing
  intimidating someone
  other
  ______________________

emotional/social bullying
  leaving people out
  spreading rumors
  excluding someone
  ignoring someone
  making fun of someone
  stopping people from befriending someone
  other
  ______________________

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Actions taken after the incident:
Parents informed: Yes No Date: / /
____________________________________________________________________________________
____________________________________________________________________________________

Follow up: Date: / /
____________________________________________________________________________________
____________________________________________________________________________________

Parent’s signature _________________________ Teacher’s signature _________________________

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