

# Incident Report

Student name: \_\_\_\_\_

Date: / /

Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

Teacher/Support Staff reporting the incident: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

<b>Behavior displayed:</b>	Bullying <input type="checkbox"/>	Being bullied <input type="checkbox"/>
<b>physical bullying</b>	<b>verbal bullying</b>	<b>emotional/social bullying</b>
<input type="checkbox"/> hitting, punching	<input type="checkbox"/> teasing/name calling	<input type="checkbox"/> leaving people out
<input type="checkbox"/> pinching, tripping	<input type="checkbox"/> making offensive remarks	<input type="checkbox"/> spreading rumors
<input type="checkbox"/> kicking, pushing	<input type="checkbox"/> making discriminatory remarks	<input type="checkbox"/> excluding someone
<input type="checkbox"/> scratching, spitting	<input type="checkbox"/> insulting someone	<input type="checkbox"/> ignoring someone
<input type="checkbox"/> damaging/stealing property	<input type="checkbox"/> threatening someone	<input type="checkbox"/> making fun of someone
<input type="checkbox"/> throwing objects at someone	<input type="checkbox"/> repeated teasing	<input type="checkbox"/> stopping people from befriending someone
<input type="checkbox"/> hiding/taking belongings	<input type="checkbox"/> intimidating someone	<input type="checkbox"/> other
<input type="checkbox"/> other	<input type="checkbox"/> other	_____
_____	_____	

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions taken after the incident:**

Parents informed: Yes

No

Date: / /

\_\_\_\_\_  
\_\_\_\_\_

Follow up:

Date: / /

\_\_\_\_\_  
\_\_\_\_\_

Parent's signature \_\_\_\_\_

Teacher's signature \_\_\_\_\_

