

## Report of Bullying / Harassment Incident

Was there an imbalance of power? Yes No Has this happened before? Yes No

If you answered yes to both questions, complete this document:

(If you answered yes to only 1 of the questions, contact the counselor or social worker, if needed.)

Suspected Bully:	Grade: Room:_
Was it an issue of: Other? Y/N Race? Y/N (Campus)	Gender? Y / N Sexual Orientation? Y / N (Campus)
arget:	Grade: Room:
systander(s) / Witness(es):	
Reporting Staff Member:	Date:
ocation of Incident:	Time:
Behavior (chec	k all that apply):
Taunting / Insulting	Disrespect Peers
Rumors (starting / spreading)	Purposeful Exclusion
Purposely Embarassing / Humiliating	Intimidation / Threats
Destruction of Personal Property	Name Calling
Physical Aggression (e.g. pushing / shoving)	Cyberbullying
Other:	
Description	n of Incident:
Below is for Bully P	revention Team Only
Action	n Taken:
Name of Interviewer:	Date of Interview:
Name of Interviewer: Student Completed Reflection Form	Date of Interview: Offense #_1 2 3 (circle)
Student Completed Reflection Form Phone Call To Parent of Bully	
Student Completed Reflection Form	Offense # 1 2 3 (circle)