[School Name]
Bullying / Incident Report Form

Reporting Person Information

Name: _____
☐ Student ☐ Parent/Guardian ☐ Staff ☐ Other: _____
Grade (if student): _____
Phone Number: _____
Email Address: _____

☐ I would like to remain anonymous (if permitted)

Student(s) Involved

Name(s) of Student(s) Involved:

Grade(s): _____

Type of Incident (Check all that apply)

☐ Bullying
☐ Cyberbullying
☐ Physical Altercation
☐ Verbal Harassment
☐ Threats or Intimidation
☐ Discrimination / Harassment
☐ Property Damage
☐ Other: _____

Date, Time, and Location of Incident

Date: _____
Time: _____
Location (classroom, hallway, online, etc.):

Description of Incident

(Please provide as much detail as possible, including what happened, who was involved, and any actions taken.)

Witnesses (if any)

Name(s) of Witness(es):

Previous Incidents

Has this happened before?
☐ Yes ☐ No ☐ Unsure

If yes, please explain:

Action Requested / Additional Comments

Signature

Signature: _____
Date: _____

For School Use Only

Date Received: _____
Received By: _____

Investigation Status: ☐ Pending ☐ In Progress ☐ Completed

Action Taken:

Follow-Up Date: _____
