

SISD Bullying Incident Reporting Form

Campus: _____ Today's Date: _____

Your name (person reporting): _____

Targeted student: _____

Your email address: _____ Phone Number: _____

Name of school staff you have contacted (if any): _____

Name(s) of alleged bullies (if known): _____

On what dates did the incident(s) happen (if known): _____

Where did the incident happen? Circle all that apply.

Classroom Hallway Restroom Playground Locker room Lunchroom Sport field
Parking lot School bus Internet Cell phone During a school activity Off school property
On the way to/from school

Other (Please describe) _____

Please check the box that best describes the incident. Please choose all that apply.

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Making the student fearful, demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Other

If you select other, please describe: _____

Why do you think the alleged bullying occurred? _____

Were there any witnesses? Yes No If yes, please provide their names:

Did a physical injury result from this incident? If yes, please describe.

Was the targeted student absent from school as a result of the incident? Yes No

Is there any additional information?

Thank you for reporting!

-----For Office Use-----

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved