

# North Harrison Middle School

## Student Report Form for Student Bullying Incident

*To be completed by the victim(s) and bystanders:*

Name \_\_\_\_\_ Date of incident \_\_\_\_\_  
\_\_\_\_\_

Time of incident \_\_\_\_\_ Location of incident \_\_\_\_\_

To which adult(s) did you report this incident?  
\_\_\_\_\_

How would you label the bullying behavior? You may need to check more than one.

\_\_\_\_\_ verbal bullying      \_\_\_\_\_ physical bullying      \_\_\_\_\_ emotional bullying  
\_\_\_\_\_ racial/ethnic bullying      \_\_\_\_\_ sexual bullying      \_\_\_\_\_ cyber bullying

Was the bullying behavior \_\_\_\_\_ direct or \_\_\_\_\_ indirect?

Describe the bullying behavior incident by answering these questions. Use the back of this page, or attach another page, if you need more room to write. Give details including any injuries or loss or damage to property. Give names of people involved as bullies, victims, or bystanders.

How did the bullying start?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What happened? Give complete details. (Also, please check all that apply on section 3 on the back.)

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

---

---

---

How did this incident end?

---

---

---

---

(over)

Do you have any physical evidence? (notes, e-mail, video/audio tapes, graffiti, injuries, etc.)

---

---

---

---

Who participated in this incident, and how? Include all victims, bullies, and bystanders.

---

---

---

---

Please check any and all items below that happened with this current incident:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> pushing contact             | <input type="checkbox"/> name-calling                 | <input type="checkbox"/> unwanted physical       |
| <input type="checkbox"/> kicking comments            | <input type="checkbox"/> demeaning comments           | <input type="checkbox"/> sexually abusive        |
| <input type="checkbox"/> hitting property            | <input type="checkbox"/> intentionally excluding      | <input type="checkbox"/> taking/hiding personal  |
| <input type="checkbox"/> shoving property            | <input type="checkbox"/> threatening/obscene          | <input type="checkbox"/> destroying personal     |
| <input type="checkbox"/> punching phone              | <input type="checkbox"/> gestures or comments         | <input type="checkbox"/> cyber-bullying (e-mail, |
| <input type="checkbox"/> tripping instant messaging) | <input type="checkbox"/> racial/ethnic taunts/teasing | <input type="checkbox"/> calls, web sites,       |
| <input type="checkbox"/> spitting                    | <input type="checkbox"/> sarcastic comments           | <input type="checkbox"/> spreading rumors        |
| <input type="checkbox"/> other                       |   |  |

---

---

Was there anything you could have done to help this situation?

---

---

---

---

---

Did anyone else see or hear the incident? \_\_\_\_\_ yes \_\_\_\_\_ no

If you answered "yes", please list those names below:

---

---

---

---

Has anything like this happened before? \_\_\_\_\_ yes \_\_\_\_\_ no

If you answered "yes", please give details, including times and dates.

---

---

---

---

---

**Student Signature** \_\_\_\_\_

**Date**

---

***Return this Report Form to the Principal's Office***

Administrator follow-up (office use only):

---

---

---

---

---

---