

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):
