

Bullying Incident Report Form

Date of Report: _____

A. When and where did the incident occur?	
School Name	
Date (s) of Bullying Incident	
Approximate Frequency	Please check the answer that best describes the frequency: First occurrence <input type="checkbox"/> Once or twice a month <input type="checkbox"/> A few times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Daily <input type="checkbox"/>
Time (s) of incident	Please check the corresponding time(s) and indicate the exact time if Relevant: Before school <input type="checkbox"/> After school <input type="checkbox"/> Morning instructional time <input type="checkbox"/> Afternoon instructional time <input type="checkbox"/> Morning recess <input type="checkbox"/> Lunch recess <input type="checkbox"/> Afternoon recess <input type="checkbox"/> Exact time if relevant: _____
Location(s) of Incident	Please check all locations that apply: On school property <input type="checkbox"/> On the bus <input type="checkbox"/> Off school property <input type="checkbox"/>

	Cyber (e.g., online/social media/text) <input type="checkbox"/> Where specifically did the incident(s) occur: _____ _____
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B. Who was Involved?	
Name (s) of the target	
Name(s) of the students who bullied	
Name(s) of witnesses / bystanders	
Staff Member first informed	

C. What form of bullying took place? Check all that apply. Record Statements.
Verbal <input type="checkbox"/> Physical <input type="checkbox"/> Emotional/Psychological/Social <input type="checkbox"/> Cyber <input type="checkbox"/> Describe the incident:

Statement from targetted student(s) :

Statement from student(s) who bullied:

Statement from Witness(es) :

Statement from staff informed:

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D. Action taken by the targeted student following the bullying incident.

Discussion with the student(s) who bullied, asking them to stop the bullying behaviour

Discussion with a parent/guardian

Referral to a staff member

Referral to the principal

Online support (e.g., Kids Help Phone)

Told a friend

Referral to police

Other:

E. Action Taken by School:

1. Interviewed target
2. Interviewed Student(s) who bullied
3. Interviewed Bystanders
4. Contacted Parents of targeted student
5. Contacted Parents of student(s) who bullied
6. Creation of safety plan if necessary (signed and dated by parents)

Student Supports - Supports provided for the targeted student?

Student Supports - What supports provided for the student(s) who bullied?
Student Supports - What supports provided fo the bystanders?
Restorative Practices - What will be done to encourage positive relationships between all involved? What can be done to assist in resolving and healing the conflict?
Consequences administered:
Additional Info:

Administrator Name

Submit this form to Superintendent of Student Services