

Monroe County Community School Corporation Alleged Bullying Incident Report Form

Room/Location
Date: _____ Time: _____ School: _____ of Incident: _____ Adult Completing Form: _____

Student(s) Initiating Bullying:
 _____ Grade: _____ Teacher/Administrator: _____
 _____ Grade: _____ Teacher/Administrator: _____

Student(s) Affected:
 _____ Grade: _____ Teacher/Administrator: _____
 _____ Grade: _____ Teacher/Administrator: _____

Student Witness(es):
 _____ Grade: _____ Teacher/Administrator: _____
 _____ Grade: _____ Teacher/Administrator: _____

(Attach additional paper if necessary)

Type of Bullying Alleged (check all that apply):

Verbal: Social/Relational: Written Communication/Electronic: Physical:

Check all spaces below that apply. Adult identified inappropriate behavior as:

- | | | |
|--|---|---|
| <input type="checkbox"/> Name calling | <input type="checkbox"/> Shoving / pushing | <input type="checkbox"/> Text |
| <input type="checkbox"/> Spitting | <input type="checkbox"/> Threatening | <input type="checkbox"/> Sexting |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Hitting / kicking | <input type="checkbox"/> First Time Incident |
| <input type="checkbox"/> Demeaning comments | <input type="checkbox"/> Taunting / ridiculing | <input type="checkbox"/> Ongoing Issue/Multiple Incidents |
| <input type="checkbox"/> Inappropriate gesturing | <input type="checkbox"/> Flashing a weapon | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Inappropriate touching | <input type="checkbox"/> False Reporting |
| <input type="checkbox"/> Staring / leering | <input type="checkbox"/> Intimidation / extortion | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Damaging property | <input type="checkbox"/> Intentional exclusion | |
| <input type="checkbox"/> Writing / graffiti | <input type="checkbox"/> Cyberbullying | |

Describe the incident: _____

(please use additional paper if necessary and attach student and/or parent report forms if available)

Physical evidence:

- | | | |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Websites/Social Network | <input type="checkbox"/> Text Msg |
| <input type="checkbox"/> Notes | <input type="checkbox"/> Voice Msg | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Email | <input type="checkbox"/> Video Recording | |

Teacher/Staff Response Taken:

_____ (Staff portion concluded here)

Incident identified as bullying: yes no. If **no**, why (conflict, one-time/first incident, etc.): _____
 If **yes**, why (check all that apply): one-sided repeated imbalance of power on purpose unwanted
 Determined by counselor, social worker, or principal (name): _____
 If **not bullying**, stop here.
 If **it is a bullying situation**, administrator assigned: _____

Administrative Action Taken:

No action needed at this time: Action Taken: _____

Check all that apply below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal Warning | <input type="checkbox"/> Referral to Social Worker or
Counselor for <i>follow-up</i> | <input type="checkbox"/> Alternative to suspension |
| <input type="checkbox"/> Loss of recess | <input type="checkbox"/> Mediation | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Lunch detention | <input type="checkbox"/> Conference with Parent:
Date: _____ Time: _____ | <input type="checkbox"/> Law Enforcement Contacted |
| <input type="checkbox"/> After School Detention | <input type="checkbox"/> Removal from class or activity | <input type="checkbox"/> Alternative to Expulsion |
| <input type="checkbox"/> Restriction from after school activities | <input type="checkbox"/> In-school suspension | <input type="checkbox"/> Expulsion |
| <input type="checkbox"/> Counseling with Principal or designee
regarding the behavior in question | | <input type="checkbox"/> Other |

Parent(s) of Target(s) Contacted?: Date: _____ Time: _____ Parent(s) of Perpetrator(s) Contacted: Date: _____ Time: _____

Coded in Discipline Code Used for Perpetrator(s): _____ Code used for Target: _____

Administrator Signature: _____

Follow-up required within one school week. Counselor/social worker assigned for follow up: _____
 Date of follow-up with Perpetrator: _____ Initials: _____ Coded in Discipline: _____
 Intervention/Comments: _____
 Date of follow-up with Target: _____ Initials: _____ Coded in Discipline: _____
 Intervention/Comments: _____