

# Incident Report

Student Name: ..... Date: / /

Class: ..... Teacher: .....

Teacher/Support Staff reporting the incident: .....

Where did the incident occur? \_\_\_\_\_

**Behavior displayed:**

Bullying

Being bullied

**physical bullying**

hitting, punching

pinching, tripping

kicking, pushing

scratching, spitting

damaging/stealing property

throwing objects at someone

hiding/taking belongings

other

**verbal bullying**

teasing/name calling

making offensive remarks

making discriminatory remarks

insulting someone

threatening someone

repeated teasing

intimidating someone

other

**emotional/social bullying**

leaving people out

spreading rumors

excluding someone

ignoring someone

making fun of someone

stopping people from befriending someone

other

**Comments:**

**Actions taken after the incident:**

Parents informed: Yes  No

Date: / /

Follow up:

Date: / /

Parent's signature \_\_\_\_\_

Teacher's signature \_\_\_\_\_