

**TEACHER/STUDENT/PARENT INCIDENT
REPORT
BULLYING BEHAVIOR**

Adapted from World Teacher Press

Date: _____ **Place of incident:** _____

Teacher/Student/ Parent reporting: _____

Person receiving bullying: _____

Person doing bullying behavior _____

| <u>Physical bullying</u> | <u>Verbal bullying</u> | <u>Emotional/social bullying</u> |
|--|---|--|
| <input type="checkbox"/> hitting/punching | <input type="checkbox"/> teasing/name calling | <input type="checkbox"/> leaving students out |
| <input type="checkbox"/> pinching/tripping | <input type="checkbox"/> making offensive remarks | <input type="checkbox"/> spreading rumors |
| <input type="checkbox"/> kicking/pushing | <input type="checkbox"/> discriminatory remarks | <input type="checkbox"/> excluding students |
| <input type="checkbox"/> scratching/spitting | <input type="checkbox"/> insulting someone | <input type="checkbox"/> ignoring a student |
| <input type="checkbox"/> damaging/stealing property | <input type="checkbox"/> threatening someone | <input type="checkbox"/> making fun of a student |
| <input type="checkbox"/> throwing objects at someone | <input type="checkbox"/> repeated teasing | <input type="checkbox"/> preventing friendships |
| <input type="checkbox"/> hiding/taking belongings | <input type="checkbox"/> intimidating someone | |
| <input type="checkbox"/> other | <input type="checkbox"/> other | <input type="checkbox"/> other |

Comments/Explanations:

Actions taken:

Parents informed: Yes No **Date:** / /

Follow Up: **Date:** / /

Student Signature *Principal/Teacher Signatures*

Parent(s) Signature(s)