

**This form is available for download or printing and should be submitted to the campus administrator.**

## **SISD Bullying Incident Reporting Form**

**Campus:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Your Name (person reporting):** \_\_\_\_\_

**Targeted Student:** \_\_\_\_\_

**Your email address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Name of school staff you have contacted (if any):** \_\_\_\_\_

**Name(s) of alleged bullies (if known):** \_\_\_\_\_

**On what dates did the incident(s) happen (if known):** \_\_\_\_\_

**Where did the incident happen?** Check all that apply.

- ☐ Classroom ☐ Hallway ☐ Restroom ☐ Playground ☐ Locker room ☐ Lunchroom ☐ Sport field  
☐ Parking lot ☐ School bus ☐ Internet ☐ Cell phone ☐ During a school activity ☐ Off school property  
☐ On the way to/from school

**Other (please describe)** \_\_\_\_\_

**Other information, including prior incidents or threats:**

\_\_\_\_\_

**Please check the box that best describes the incident. Please choose all that apply.**

- ☐ Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student  
☐ Getting another person to hit or harm the student  
☐ Teasing, name calling, making critical remarks or threatening in person, by phone, by email, etc. Putting the student down and making the student a target of jokes  
☐ Making rude and/or threatening gestures  
☐ Excluding or rejecting the student  
☐ Making the student fearful, demanding money or exploiting  
☐ Spreading harmful rumors or gossip  
☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)  
☐ Other

**If you select other, please describe:** \_\_\_\_\_

\_\_\_\_\_

**Why do you think the alleged bullying occurred?** \_\_\_\_\_

\_\_\_\_\_

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Were there any witnesses?    ☐ Yes    ☐ No    If yes, please provide their names:

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Did a physical injury result from this incident? If yes, please describe. \_\_\_\_\_

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Was the targeted student absent from school as a result of the incident?    ☐ Yes    ☐ No

Is there any additional information? \_\_\_\_\_

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*Please return this form to your Administrator. Thank you for reporting*

-----For Office Use-----

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Action taken: \_\_\_\_\_

Parent/Guardian contacted: \_\_\_\_\_