

WILDORADO BULLYING INCIDENT REPORT FORM

Date of Incident: _____ Time of Incident: _____ Repeat infraction? YES NO

Location of Incident (circle all that apply):

Hallway Restroom Classroom Gym Lunch Room Playground Locker Room Bus Stop On Bus Parking Lot

To/From School After School Program School Sponsored Event Text/Phone/Internet/Social Media Other:

Name of victim(s):

Name of student(s) bullying:

Name(s) of witnesses/bystanders:

Type of Bullying:

Verbal

Physical: Result in injury? YES NO Reported to School Nurse? YES NO Reported to Police? YES NO

Bullying Behaviors (circle all that apply):

Shoved/Pushed Hit, Kicked, Punched Threatened Stole/Damaged Possessions

Excluded Taunting/ridiculing Writing/Graffiti Told Lies or False Rumors

Staring/Leering Intimidation/Extortion Demeaning Comments Inappropriate touching

Cyber-bullying using: Text messages Website Email

Other: _____

Racial, Sexual, Religious or Disability Circle one and describe:

Reported to school by (circle all that apply):

Teacher Student Bystander Victim/Target Parent Bus Driver Anonymous Other:

Describe the incident:

Physical Evidence? Notes Email Graffiti Video/audio Website

Other: _____

PLEASE PRINT AND TURN INTO WISD OFFICE OR EMAIL COMPLETED FORMS TO:

troy.duck@region16.net