

Bullying Incident Report Form

Date of Incident:/_	/ Ti	ime of Incident:am/pm Re	epeat Incident? YES NO How long ago?
Reported to School by:		Role:	student teacher SSO parent counsellor
Location of Incident:			
Name of victim(s):		Name of student(s) bullying:	Name(s) of witnesses/bystanders:
Type of Bullying:			
ype or bunying.	name calling	taunting ridiculing mocking threater	ning suggestive comments spreading
☐ Verbal or written	name calling, taunting, ridiculing, mocking, threatening, suggestive comments, spreading rumours, written note, unfair criticism, spoken or written insults, homophobic, racial, cultural and/or sexist comments		
☐ Physical	hitting, shoving, pushing, touching, kicking, grabbing, pinching, biting, spitting, slapping, cornering/ blocking, damaged possessions, defacing property, gestures		
	Result in injury? YES NO Reported to Staff Member? YES NO Reported to Police? YES NO sending mean emails, texts or instant messages, posting hurtful things on social media,		
☐ Cyber	spreading rumours or gossip online, making fun of others in online chats, creating fake accounts/ profiles, threatening or intimidating someone online or in text, sharing photos or videos online without permission		
☐ Social/ Emotional	forming groups to leave out, excluding others, ignore and disrespect, influencing, ganging up staring, intimidation, racial, ethnic, homophobic or religious slurs, negative body language, encouraging others to be involved in bullying or harassment		
Describe the incident (w	rho was involv	ed, what occurred, what each person s	said and did including specific words used).
Is there any physical ev Graffiti Notes SMS		NO (If yes, please circle below): 'ebsites Social Media Video/ audi	o Injuries Other