Incident Report Form

Date of incident: _____ Time of incident: _____

Room/Location: _____ Grade: ____

1. Student(s) initiating bullying: _____
   Student(s) affected: _____
   By-stander(s): _____

2. Method of bullying:

□ Physical	□ Verbal	□ Social	□ Cyber
□ Racial	□ Religious	□ Sexual	□ Disability

Incident description:

_____

_____

_____

_____

_____

Confidential