

# Winslow Elementary School

## Bullying Incident Report

2018-19

Person Reporting Bullying \_\_\_\_\_ Today's date \_\_\_\_\_

Who do you think was bullied? \_\_\_\_\_ What Grade? \_\_\_\_\_

Who do you think was bullying? \_\_\_\_\_ What Grade? \_\_\_\_\_

When did the bullying happen? \_\_\_\_\_

### Type of Bullying (circle all that apply)

Called mean names    Threatened    Racial/offensive comments    Excluded (left out)

Hands on (Hit, kicked, punched, etc)    Told lies/spread rumors    Took or damaged something

Cyber-bullying (online/email/text, etc)    Inappropriate Touching

Other \_\_\_\_\_

### Where did the bullying happen? (circle all that apply)

Hallway    Cafeteria    On the Bus    Bus Stop    Classroom

Playground    Bathroom    Going to/from school    Online/email/text

Summary of incident and history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you afraid of this person?    Yes    No

Did they do this on purpose?    Yes    No

Is this the first time that this has occurred?    Yes    No

Have you filed a Student Bullying Report before?    Yes    No

Reporter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Actions Taken**

Date investigated: \_\_\_\_\_

By: \_\_\_\_\_

**Bullying Incident**

**Conflict**

**Consequences Assigned:**

Mrs. Werner     Miss Recess     ISS     OSS

Other \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents contacted:  Yes     No

Date: \_\_\_\_\_ Time: \_\_\_\_\_

By who: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

By who: \_\_\_\_\_

Result:

\_\_\_\_\_

\_\_\_\_\_