

**St. Stanislaus School**  
**Harassment/Bullying Incident Report Form**

Bullying/Harassment/Intimidation are serious offenses and will not be tolerated. If you wish to report an incident of alleged bullying/harassment/intimidation, complete this form and return it to an Administrator. All school employees are required to report alleged violations.

**Every** reported act of bullying/harassment/intimidation will be investigated, and parents/guardians will be informed.

**I. INCIDENT REPORT**

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

Students(s) Initiating Bullying/Harassment

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Student(s) Affected

\_\_\_\_\_

Where did the incident occur? (check all that apply)

- Classroom/School grounds
- School Bus/Stop
- School sponsored activity
- Text/Phone/Internet/Social Media
- Event off school property
- Other \_\_\_\_\_

What happened? (check all that apply)

- Name calling
- Stalking
- Threatening
- Inappropriate touching
- Stealing
- Intimidation/extortion
- Exclusion
- Physical contact
- Other \_\_\_\_\_
- Inappropriate gesturing
- Writing/graffiti
- Taunting/ridiculing
- Demeaning comments
- Damaging property
- Cyber-bullying
- Retaliation
- Humiliation

Did a physical injury result from this incident?

- No
- Yes, medical attention required
- Yes, medical attention NOT required

Describe the incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses present \_\_\_\_\_

Physical evidence \_\_\_\_\_

Are you:  Student  Faculty/Staff  Parent/Guardian  Witness

Signature of person reporting \_\_\_\_\_

**II. INVESTIGATION**

Interviews:	Name	Date
Interviewed aggressor/s	_____	_____
	_____	_____
	_____	_____
Interviewed target	_____	_____
Interviewed witnesses	_____	_____

Any prior documented incidents by the aggressor?     Yes     No

Any previous incidents with findings of Bullying, Retaliation     Yes     No

Summary of investigation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. CONCLUSION FROM INVESTIGATION**

1. Finding of bullying or retaliation:     Yes     No

2. Contacts:

Target's parent/guardian Date \_\_\_\_\_ Aggressor's parent/guardian Date \_\_\_\_\_

Law Enforcement Date \_\_\_\_\_

3. Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_