

# Harassment/Bullying Incident Report

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Student(s) Initiating Bullying/Harassment

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

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

Student Affected \_\_\_\_\_ Grade \_\_\_\_\_

Describe the Incident:

Witnesses:

Parent(s) contacted: Date \_\_\_\_\_ Time: \_\_\_\_\_

By \_\_\_\_\_

Administrative Action Taken: