RCS Bullying Report Form

Date __________________                        Time __________________

Reporter (check one) ☐ Bullied Child ☐ Bystander ☐ Staff

Adult Receiving Report ____________________________________________

Bullied Student Name:___________________ Classroom Teacher ________________

Bullying Student Name:___________________ Classroom Teacher ________________

Bystander(s)/Witnesses Names: ____________________________________________

Location of Bullying incident (check one): ☐ Hallway ☐ Classroom ☐ Playground

☐ Cafeteria ☐ Library ☐ Off-School Grounds ☐ Gym Other (list): ________________

Please Describe Bullying Details/Behaviors:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Type of bullying behavior (Check one only)
☐ Verbal ☐ Physical ☐ Social/Relational ☐ Electronic/Written ☐ Combination of Behaviors

Immediate Concerns for Safety (check one):
☐ Yes (Send student to main office for immediate attention) ☐ No

Specific Concerns (check all that apply):
☐ Physical Injury ☐ Damaged Property ☐ Transportation Needs ☐ Fear of Retaliation

☐ Severity of Bullying ☐ Emotional Needs Other (list): Click here to enter text.

Action Taken (check one):
☐ Referred to Administrator for immediate attention

☐ Student who was bullied was referred to classroom teachers or other professionals for coaching

☐ Student who exhibited bullying behaviors was referred to classroom teachers or other professionals for coaching

* Did you remember to Affirm the child’s feelings, Ask information seeking questions, Assess the child’s safety, and Act by sending this form to the main office?

Student Signature______________________________________________________
Follow up Information

Were the parents/guardians of all students involved in the bullying incident contacted and informed of the incident? □ Yes  □ No  Person who made contact _________________

Type of bullying behavior.
□ Verbal   □ Physical   □ Social/Relational   □ Electronic/Written   □ Combination

Were Students referred to coach for intervention? □ Yes  □ No
□ Level I (classroom)
□ Level II (parent contact)

Were there any disciplinary actions taken by an administrator? □ Yes  □ No
□ Level III (administrator intervention)
□ Level IV (disciplinary action by principal)
Consequence_____________________

Was there a referral to law enforcement officials? □ Yes  □ No

Date of incident or referral: _________________
Date of investigation: _________________
Date coaching or disciplinary action taken: _________________
Date parents/guardians contacted: _________________

Number of incidents of bullying behavior by the bullying student:
□ One  □ Two*  □ Three +
*considered bullying/repeated acts

Office Staff Only: Assign Report # _________________