



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 # _____