



STUDENT BULLYING INCIDENT FORM

Name of Reporter/Person Filing the Report:
Check whether you are the: Target of the behavior or Reporter (not the target)
Check whether you are a: Student Parent Administrator Staff member (specify role):
Other (specify): Your contact information/telephone number:
If student, state your school: Grade:
If staff member, state your school or work site:

Information about the Incident

Name of Target (of behavior):
Name of Aggressor (Person who engaged in the behavior):
Date(s) of Incident(s): Time When Incident(s) Occurred:
Where did the incident happen (choose all that apply)?
On school property At a school-sponsored activity or event off school property On a school bus
On the way to/from school Electronic/Cyber Bullying
Location of Incident(s) (Be as specific as possible):
Witnesses (List people who saw the incident or have information about it):

Name: Student Staff Other:
Name: Student Staff Other:
Name: Student Staff Other:
Name: Student Staff Other:

Did a physical injury result from this incident? Place an X next to one of the following: No Yes, but it did not require medical attention Yes, and it required medical attention:
Was the target student absent from school as a result of the incident? No Yes If yes, how many days was the target student absent from school as a result of the incident?

Place an X next to the statement(s) that best describes what happened (choose all that apply):
Taunting and Insults Threat Stalking Theft Social Isolation/Exclusion Verbal Intimidation Retaliation
Physical Intimidation Public humiliation Rumor-spreading Name Calling Mean Comments
Physical violence - Hitting, kicking, shoving, spitting, hair pulling, or throwing something Getting another person to hit or harm the student
Demeaning and making the victim of jokes Making rude and/or threatening gestures

Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please attach additional sheets if necessary.

Was the incident related to the targeted student's ethnicity, gender, race, color, national origin, sexual orientation, or disability?
NO YES If yes, please give a brief explanation:

Has this incident been reported to anyone before? NO YES If yes, to whom?
When:

Signature of Person Filing this Report: Date:
Form Given to: Position: Date:
Received by Signature: Date:

This form may be given to any APS staff member. APS staff members are required to submit this form to the principal or designee within 24 hours of receipt. This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

Print Student Name

School

Homeroom Teacher/Advisor

Grade: