



ALLEGED BULLYING INCIDENT FORM

(staff reporting)

Date _____ Time _____ School _____

Room/Location of Incident _____ Adult Completing Form _____

Student(s) Initiating Bullying:

_____ Grade _____ Teacher/Administrator _____
_____ Grade _____ Teacher/Administrator _____

Student(s) Affected:

_____ Grade _____ Teacher/Administrator _____
_____ Grade _____ Teacher/Administrator _____

Student(s) Witness(es):

_____ Grade _____ Teacher/Administrator _____
_____ Grade _____ Teacher/Administrator _____

(Attach additional paper if necessary)

Type of Bullying Alleged (check all that apply):

- Verbal Social/Relational Written Communications/Electronic Physical

Check all spaces below that apply. Adult identified inappropriate behavior as:

- | | | |
|--|---|---|
| <input type="checkbox"/> Name calling | <input type="checkbox"/> Shoving/pushing | <input type="checkbox"/> Text |
| <input type="checkbox"/> Spitting | <input type="checkbox"/> Threatening | <input type="checkbox"/> Sexting |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Hitting/kicking | <input type="checkbox"/> First-time incident |
| <input type="checkbox"/> Demeaning comments | <input type="checkbox"/> Taunting/ridiculing | <input type="checkbox"/> Ongoing issue/multiple incidents |
| <input type="checkbox"/> Inappropriate gesturing | <input type="checkbox"/> Flashing a weapon | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Inappropriate touching | <input type="checkbox"/> False reporting |
| <input type="checkbox"/> Staring/leering | <input type="checkbox"/> Intimidation/extortion | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Damaging property | <input type="checkbox"/> Intentional exclusion | |
| <input type="checkbox"/> Writing/graffiti | <input type="checkbox"/> Cyberbullying | |

Describe the incident: _____

(Please use additional paper if necessary and attach student and/or parent report form if available.)

Physical evidence:

- | | | |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Websites/social network | <input type="checkbox"/> Text message |
| <input type="checkbox"/> Notes | <input type="checkbox"/> Voice message | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Email | <input type="checkbox"/> Video recording | |

Teacher/Staff Response Taken: _____

(Staff portion concluded here)

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Incident identified as bullying: Yes No If no, why? (conflict, one-time/first-time incident, etc.) _____

If yes, why? (check all that apply) one-sided repeated imbalance of power on purpose

Determined by counselor, social worker, or principal (name): _____

If yes, administrator assigned: _____

Administrative Action Taken:

No action needed at this time

If Action taken:

Check all that apply below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Verbal warning | <input type="checkbox"/> Referral to social worker or counselor
for follow-up | <input type="checkbox"/> Alternative to suspension |
| <input type="checkbox"/> Loss of recess | <input type="checkbox"/> Mediation | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Lunch detention | <input type="checkbox"/> Conference with parent | <input type="checkbox"/> Law Enforcement contacted |
| <input type="checkbox"/> After-school detention | <input type="checkbox"/> Conference with parent
Date _____ Time _____ | <input type="checkbox"/> Alternative to Expulsion |
| <input type="checkbox"/> Restriction from after school activities | <input type="checkbox"/> Removal from class or activity | <input type="checkbox"/> Expulsion |
| <input type="checkbox"/> Counseling with Principal or designee
regarding behavior in question | <input type="checkbox"/> In-school suspension | <input type="checkbox"/> Other _____ |

Parent/Guardian of Target(s) contacted? Date: _____ Time: _____

Parent/Guardian of Perpetrator(s) contacted? Date: _____ Time: _____

Coded in Discipline Code Used _____

Administrator Signature: _____

Follow-up required within one week. Date of follow-up with Perpetrator: _____ Initials: _____

Intervention/Comments: _____

Date of follow-up with Target: _____ Initials: _____

Intervention/Comments: _____