

# Marion Community School Corporation Alleged Bullying Incident Report Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ School: \_\_\_\_\_ Room/Location: \_\_\_\_\_ Adult Completing Form: \_\_\_\_\_  
**Of Incident**

**Student(s) Initiating Bullying:**

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Administrator \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Administrator \_\_\_\_\_

**Student(s) Affected:**

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Administrator \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Administrator \_\_\_\_\_

**Student Witness(es):**

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Administrator \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Administrator \_\_\_\_\_

(Attach additional paper if necessary)

**Type of Bullying Alleged (check all that apply):**

Verbal \_\_\_\_\_ Social/Relational \_\_\_\_\_ Written Communication/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"/> False Reporting                  |
| <input type="checkbox"/> Stealing                | <input type="checkbox"/> Inappropriate touching   | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Staring / leering       | <input type="checkbox"/> Intimidation / extortion |   |
| <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 forms if available)

**Physical evidence:**

- |                                   |  |                                       |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Websites/Social Network | <input type="checkbox"/> Text Msg     |
| <input type="checkbox"/> Notes    | <input type="checkbox"/> Voice Msg               | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Email    | <input type="checkbox"/> Video Recording         |                                       |

**Teacher/Staff Response Taken:**

(Staff portion concluded here)

**THIS SECTION FOR ADMINISTRATOR USE ONLY**

Incident identified as bullying:  yes  no. If **no**, why (conflict, one-time/first incident, etc.)?: \_\_\_\_\_  
 If **yes**, why (check all that apply):  one-sided  repeated  imbalance of power  on purpose  unwanted  
 Determined by counselor, social worker, or principal (name): \_\_\_\_\_  
 If **yes**, administrator assigned: \_\_\_\_\_

**Administrative Action Taken:**

No action needed at this time  Action Taken: \_\_\_\_\_

**Check all that apply below:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Verbal Warning   | <input type="checkbox"/> Referral to Social Worker or Counselor for <i>follow-up</i> | <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   | 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 the behavior in question | <input type="checkbox"/> In-school suspension  | <input type="checkbox"/> Other _____               |

Parent(s) of Target(s) Contacted?: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Parent(s) of Perpetrator(s) Contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Coded in Discipline Code Used: \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_

*Follow-up required within one school week.* Date of follow-up with Perpetrator: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Intervention/Comments: \_\_\_\_\_  
 Date of follow-up with Target: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Intervention/Comments: \_\_\_\_\_