

# Greenfield-Central Community School Corporation

## Bullying Incident Reporting Form

Name of Person Completing Form (may remain anonymous): \_\_\_\_\_ Date of Form Submission: \_\_\_\_\_

**Definition of Bullying:** "Bullying" means overt, unwanted, repeated acts or gestures, including verbal or written communications or images transmitted in any manner (including digitally or electronically), physical acts committed, aggression, or any other behaviors, that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the targeted student and create for the targeted student an objectively hostile school environment that:

- (1) places the targeted student in reasonable fear of harm to the targeted student's person or property;
- (2) has a substantially detrimental effect on the targeted student's physical or mental health;
- (3) has the effect of substantially interfering with the targeted student's academic performance; or
- (4) has the effect of substantially interfering with the targeted student's ability to participate in or benefit from the services, activities, and privileges provided by the school.

Date and Time of Incident(s): \_\_\_\_\_ Location of Incident(s): \_\_\_\_\_

Student(s) Initiating Alleged Bullying: \_\_\_\_\_

Student(s) Affected: \_\_\_\_\_

Student Witness(es): \_\_\_\_\_

Check all spaces below that apply to the alleged incidents:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Name calling            | <input type="checkbox"/> Writing / graffiti    | <input type="checkbox"/> Damaging property            |
| <input type="checkbox"/> Spitting                | <input type="checkbox"/> Shoving / pushing     | <input type="checkbox"/> Inappropriate touching       |
| <input type="checkbox"/> Stalking                | <input type="checkbox"/> Threatening           | <input type="checkbox"/> Intimidation / extortion     |
| <input type="checkbox"/> Demeaning comments      | <input type="checkbox"/> Hitting / kicking     | <input type="checkbox"/> Intentional exclusion        |
| <input type="checkbox"/> Inappropriate gesturing | <input type="checkbox"/> Taunting / ridiculing | <input type="checkbox"/> Cyberbullying / text message |
| <input type="checkbox"/> Stealing                | <input type="checkbox"/> Showing a weapon      | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Staring / leering       |  |   |

**Background:**

- |  |   |
|--|---|
| <input type="checkbox"/> Has there been a history between the individuals? | <input type="checkbox"/> Were the actions unwanted?                                       |
| <input type="checkbox"/> Is there an imbalance of power?                   | <input type="checkbox"/> Were the actions deliberate and meant to harm the other student? |
| <input type="checkbox"/> Has this or a similar incident happened before?   |   |

**Describe the incident:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physical evidence:**

- |                                   |  |                                       |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Websites/Social Media | <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       |                                       |

**Steps the student has taken to deal with the issue (choose all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Avoided the student(s) | <input type="checkbox"/> Asked the student to stop | <input type="checkbox"/> Told a school staff member |
| <input type="checkbox"/> Ignored the student(s) | <input type="checkbox"/> Stayed with a group       | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Walked away            |  |   |

### TO BE COMPLETED BY ADMINISTRATOR

**Follow up required by administrator/comments:**

\_\_\_\_\_

**Substantiated as Bullying?**  Yes  No If no, why (conflict, one-time incident, etc.)? \_\_\_\_\_

**Date the incident was substantiated as bullying (if applicable):** \_\_\_\_\_

Witness Notes:

**Type of Substantiated Bullying:**

Verbal  Social/Relational  Written Communication/Electronic  Physical

**Investigative Checklist:**

- Counselor/social worker involved (Name: \_\_\_\_\_ Date of Involvement: \_\_\_\_\_)
- Alleged bully's parents notified (Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Phone / Email / Other)
- Target's parents notified (Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Phone / Email / Other)
- Law enforcement notified if necessary (Date of Involvement: \_\_\_\_\_)
- Log entry for alleged bully
- Log entry for target

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