



COLUMBUS CITY SCHOOLS BULLYING/HARASSMENT INCIDENT REPORTING FORM

Please fill out completely and attach a separate sheet if necessary. This Bullying/Harassment Incident Reporting Form must be kept on file in school office.

Name of School _____

Date of Incident _____ Date Reported _____

Reported By _____ Reported To _____

STUDENTS INVOLVED:

*STUDENTS	V - Victim P - Perpetrator B - Bystander O - Other (specify)	GRADE	GENDER	RACE
A.				
B.				
C.				
D.				

DETAILS OF INCIDENT:

BULLYING BEHAVIORS INVOLVED	PLEASE SPECIFY
Ignoring/Social Exclusion	
Damage to Property	
Taking Possessions	
Verbal Abuse	
Graffiti/Hit List	
Physical Assault	
Spreading Rumors	
Threatening Actions/Behaviors	
Texting/Sexting/Emailing Threats	
Non Verbal Gestures/Body Language/Gang Signs	
Other (please be specific)	

***COMPLETE A KEY PAGE
IDENTIFYING STUDENTS**

FREQUENCY AND DURATION OF THE BULLYING BEHAVIOR:

Once or Twice _____ Persisting/Ongoing _____

Specify Time Frame _____

OTHER NOTES (e.g. repeated incident/reporting):

LOCATION OF INCIDENT:

MANDATORY ACTIONS:

	ACTIONS TAKEN	DATE/RESULTS
1.	Checked for earlier incident involving same students	
2.	Notified class teacher/tutor	
3.	Notification of parents	
4.	Individual discussions with involved students	
5.	Ongoing support/monitoring for victim with key member of staff	

OTHER ACTIONS	DATES/RESULTS
Medical Treatment	
Police Involvement	
Referral to School Counselor or other support staff	
SAIL or agency referral	
Support for victims/bystanders	
Periodic follow-up date(s) set	
Group discussion with pupils involved	
What other support is provided to victim?	
What other support is provided to perpetrator?	
What other support is provided to bystanders?	

OUTCOMES:

Bullying/Harassment stopped? YES _____ NO _____

FURTHER ACTION: (Who? What? When? Where?)

COMMENTS:

Comments of staff member dealing with the issues:

Signature: _____ Date: _____

Comments of parent/guardian:

I am satisfied with outcome: Yes _____ No _____

Signature: _____ Date: _____

SIGNATURE OF PRINCIPAL:

Signature: _____ Date: _____