

# C-EB Bullying Incident Form

Student \_\_\_\_\_

Date/Time \_\_\_\_\_

Location \_\_\_\_\_

Referring Person \_\_\_\_\_

Grade/Teacher/Room # \_\_\_\_\_

Offense(s) pertaining to the referral: (check all that apply)

<input type="checkbox"/>	Teasing	<input type="checkbox"/>	Racial/Religious Slurs/Insults
<input type="checkbox"/>	Name Calling	<input type="checkbox"/>	Extortion
<input type="checkbox"/>	Gossiping/Rumors (Starting/Spreading)	<input type="checkbox"/>	Intimidation/Threats
<input type="checkbox"/>	Purposefully Embarrassing	<input type="checkbox"/>	Destruction of Property
<input type="checkbox"/>	Verbal Cruelty	<input type="checkbox"/>	Cyber bullying
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Incident Report:


Action Taken for referral:


Prior Related Incidences/Actions Taken:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Follow up:

Student Meeting: \_\_\_\_\_  
Date Staff Name/Signature

Parent Contact/Meeting: \_\_\_\_\_  
Date Staff Name/Signature Method

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_