

MOUNT CARMEL AREA HIGH SCHOOL BPCC INCIDENT REPORT FORM

DATE OF INCIDENT: _____ INCIDENT # _____

STUDENT'S NAME (Person who bullied): _____

GRADE: _____ TEACHER: _____

TEACHER/STAFF MEMBER REPORTING THE INCIDENT: _____

WHERE INCIDENT TOOK PLACE: _____

VICTIM(S) NAME AND GRADE:

WITNESS (ES) NAME AND GRADE:

BULLYING BEHAVIOR DISPLAYED

PHYSICAL

- ☐ HITTING, KICKING
- ☐ PINCHING, TRIPPING
- ☐ KICKING, PUSHING
- ☐ SCRATCHING, SPITTING
- ☐ DAMAGING/STEALING PROPERTY
- ☐ THROWING OBJECTS AT SOMEONE
- ☐ HIDING/TAKING BELONGINGS
- ☐ OTHER

VERBAL

- ☐ TEASING
- ☐ NAME CALLING
- ☐ MAKING OFFENSIVE REMARKS
- ☐ MAKING DISCRIMINATORY REMARKS
- ☐ INSULTING SOMEONE
- ☐ THREATENING SOMEONE
- ☐ REPEATED TEASING
- ☐ INTIMIDATING SOMEONE
- ☐ OTHER

EMOTIONAL/SOCIAL

- ☐ LEAVING PEOPLE OUT
- ☐ SPREADING RUMORS
- ☐ EXCLUDING SOMEONE
- ☐ IGNORING SOMEONE
- ☐ MAKING FUN OF SOMEONE
- ☐ STOPPING PEOPLE FROM BEFREINDING SOMEONE
- ☐ OTHER

CYBER

- ☐ E-MAIL
- ☐ AOL/MY SPACE, ETC...
- ☐ CELL PHONE
- ☐ OTHER

EXPLAIN INCIDENT: _____

ACTION TAKEN AFTER INCIDENT: _____

FOLLOW UP

WITH PERSON WHO BULLIED: **YES** **NO**

IF YES, DATE OF FOLLOW UP: _____

FOLLOW UP DONE BY: _____

WITH VICTIM(S): **YES** **NO**

IF YES DATE OF FOLLOW UP: _____

FOLLOW UP DONE BY: _____

ADMINISTRATIVE RESPONSE:

- ☐ Spoke with Student
- ☐ Spoke with Parents
- ☐ In-School Suspension
- ☐ Out-of-School Suspension

Date: _____

Date: _____

Date: _____

Date: _____