

**MOUNT CARMEL AREA HIGH SCHOOL
BPPC 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: _____