

EDUCATIONAL SERVICE CENTER OF CUYAHOGA COUNTY

Student Harassment / Bullying Incident Report Form

DATE OF INCIDENT _____

TIME _____

LOCATION OF THE INCIDENT _____

STUDENT INITIATING BULLYING / HARASSMENT

_____ GRADE _____ CLASS _____

DESCRIPTION OF THE INCIDENT

CHECK ALL BELOW THAT APPLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Name Calling | <input type="checkbox"/> Spitting | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Demeaning Comments | <input type="checkbox"/> Stealing | <input type="checkbox"/> Inappropriate Gesturing |
| <input type="checkbox"/> Cyber Bullying | <input type="checkbox"/> Staring/Leering | <input type="checkbox"/> Shoving/Pushing |
| <input type="checkbox"/> Damaging Property | <input type="checkbox"/> Writing/Graffiti | <input type="checkbox"/> Taunting/Ridiculing |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Hitting/Kicking | <input type="checkbox"/> Spreading harmful Rumors or Gossip |
| <input type="checkbox"/> Flashing a Weapon | <input type="checkbox"/> Intimidation / Extortion | |
| <input type="checkbox"/> Other _____ | | |

DID PHYSICAL INJURY RESULT FROM THIS INCIDENT? YES NO

NAMES OF WITNESSES PRESENT _____

PHYSICAL EVIDENCE Graffiti Web sites
 Notes Video/Audio tape
 Email Other _____

INVESTIGATIVE ACTION TAKEN

PARENT / GUARDIAN CONTACTED DATE _____ TIME _____

RESOLUTION

SIGNATURE OF PERSON FILING REPORT

DATE