

**Bullying Incident Reporting Form
Patoka School Unit District #100**

Person Reporting Incident (Optional): _____

Date: _____

I am a _____ Student _____ Parent _____ Staff Member _____ Other

Name of person being bullied: _____

Location of incident: _____

Date of incident: _____

Name of alleged bully: _____

Type of Event:

_____ Physical Bullying-hitting, kicking, shoving, spitting, other physical aggression

_____ Verbal Bullying-teasing, name calling, put downs, or other behavior (in-person or online) that would hurt others' feelings or make them feel bad.

_____ Emotional Bullying-starting rumors, telling others to not be friends with someone, demeaning comments, intimidation, extorting, exploiting or other actions that would cause someone to be without friends.

_____ Cyber-bullying-using an electronic medium to engage in any previously mentioned bullying.

Description of incident(s): _____

Did you witness the event?

List other school community members who witnessed the event: _____

Signature of Student: _____ Date: _____

Signature of Staff Member: _____ Date: _____