

## Bismarck R-5 Schools BULLYING INCIDENT REPORT FORM

This is a form to report alleged bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school in the current school year. If you have been the target of bullying or have witnessed the bullying of a District student, complete this form and submit to the building principal.

Date Filed: \_\_\_\_\_ Your Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Indicate the appropriate response to the following with a check mark(s):

You are a: \_\_\_\_\_ Student \_\_\_\_\_ Parent \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer

Date(s) of alleged bullying: \_\_\_\_\_

Name of student(s) subjected to bullying: \_\_\_\_\_

Name(s) of alleged offender(s) (if known)	Age	Is he/she a student at Bismarck?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

On what date(s) did the incident happen? \_\_\_\_\_

Where did the incident happen? \_\_\_\_\_

Place an X next to the statement(s) that best describe what happened (choose all that apply):

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning and making the student the victim of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating, extorting, or exploiting
- Spreading harmful rumors or gossip
- Other (specify): \_\_\_\_\_

Describe the incident(s), including what the alleged offender(s) said or did.

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(Attach a separate sheet if necessary)

Why did the bullying occur?

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Did a physical injury result from this incident?

No       Yes, but it did not require medical attention       Yes, and it required medical attention

Is there any additional information you would like to provide?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY:**

**REVIEWED BY:**

**DATE:**

**INVESTIGATION NOTES:**