



# THE LEARNING CENTER FOR THE DEAF

## Bullying Incident Report Form

Today's Date: \_\_\_\_\_

### **1. Person Reporting Incident**

**Name:**

(Note: Reports may be made anonymously. TLC will take every report seriously and follow up. Each report made is confidential.)

**Person reporting incident:**

\_\_\_\_ Was a target of the bullying behavior

\_\_\_\_ Saw bullying behavior happen at school

**Are you a:** \_\_\_\_ student \_\_\_\_ teacher \_\_\_\_ parent / caregiver

\_\_\_\_ staff member (specify role) \_\_\_\_\_

\_\_\_\_ administrator \_\_\_\_ Other (specify) \_\_\_\_\_

**Did you see the event happen?** Yes No

**How do you prefer we contact you? *Select all that apply***

e-mail Telephone (VP / Voice / Text) In-person

### **2. Information about the Incident:**

- **Name of alleged target(s)** (of behavior):
- **Name of alleged offender(s) / aggressor(s)** (Person who engaged in the behavior):
- **Date(s) of Incident(s):**
- **Time When Incident(s) Occurred:**



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- **Location of Incident(s)** (Be as specific as possible):

**On School Campus:**

Classroom  
Hallway/Stairs/Transitions  
Bathroom  
Locker Room/Gym  
Office Area  
Playground  
Cafeteria  
Bus / Van Areas / Parking Lot

**On or off campus:**

School-sponsored activity or event  
School-sponsored after school program  
Athletic event  
On the way to / from school

**Digital Device:**

On School Property  
Off school property

### **3. Witnesses:**

(List people who saw the incident or who have information about it)

**Name:** \_\_\_\_\_  Student     Staff     Other

**Name:** \_\_\_\_\_  Student     Staff     Other

**Name:** \_\_\_\_\_  Student     Staff     Other

**4. Describe the incident(s), (including names of people involved, what occurred, and what each person did and said, including specific words used).**



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\_\_\_\_\_ Physical Acts: such as hitting, spitting, kicking, or damaging your or another student's possessions

\_\_\_\_\_ Emotional: Spreading mean rumors or lies about you or another student

\_\_\_\_\_ Verbal: Saying mean or hurtful things or threatening you or another student

\_\_\_\_\_ Non-verbal: Eye-rolling, making faces, or unkind gestures

### **Mean comments / behavior were about:**

- |  |   |
|--|---|
| <input type="checkbox"/> Size, weight, or how you look | <input type="checkbox"/> Communication style                      |
| <input type="checkbox"/> How well you do in school     | <input type="checkbox"/> Neurodivergence                          |
| <input type="checkbox"/> Religion or beliefs           | <input type="checkbox"/> Medical disability or another disability |
| <input type="checkbox"/> Gender                        | <input type="checkbox"/> Other things                             |
| <input type="checkbox"/> LGBTQIA Identities            |   |
| <input type="checkbox"/> Race, ethnicity, skin color   |   |



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\_\_\_\_\_ Cyber/Online: Occurs on website or social media, by cell phone, email or text message on Facebook, texts, VP or other social media

\_\_\_\_\_ Social: Excluding you or another student from a group, telling other kids not to talk to you or another student, gossiping

\_\_\_\_\_ Personal Property: theft, damage, and not respecting personal space

\_\_\_\_\_ Sexual Bullying: Physical or non-physical behavior that degrades someone, singles someone out using sexual language, gestures or violence, and victimizing someone for their appearance. Sexual bullying is also pressured to act promiscuously or a way to make someone feel uncomfortable.

\_\_\_\_\_ Other: (Please describe): \_\_\_\_\_

How many times?	Do you feel safe?
<input type="checkbox"/> One time <input type="checkbox"/> 2 times <input type="checkbox"/> 3-5 times <input type="checkbox"/> More than 5 times <input type="checkbox"/> Not sure how many times	<input type="checkbox"/> Yes, I'm okay. <input type="checkbox"/> <b>NO</b> , I need help! <input type="checkbox"/> I am not sure. I want to talk with someone please.

### 5. Did an injury result from the incident?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes, but it did not require medical or mental health attention.

\_\_\_\_\_ Yes, and it required medical or mental health attention.

### 6. Is there any additional information you would like to provide?

No:

Yes:



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**Thank you.** Please return this form to the Principal or Director of Student Services.

This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are accurate **and true** to the best of your knowledge. If you fear that you or a student is in **IMMEDIATE** danger, please contact a trusted adult right away!

Signature of Person Filling Out this Report: \_\_\_\_\_

Date: \_\_\_\_\_

*(Note: Reports may be filed anonymously.)*

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### FOR ADMINISTRATIVE USE ONLY

Received by: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach any documents to this form or turn over the page to write notes as needed.

Documents: Interview questions, interview notes, and counseling referral form.