



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).

_____ 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



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Mean comments / behavior were about:

- Size, weight, or how you look
- How well you do in school
- Religion or beliefs
- Gender
- LGBTQIA Identities
- Race, ethnicity, skin color
- Communication style
- Neurodivergence
- Medical disability or another disability
- Other things

_____ 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?
<ul style="list-style-type: none"><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	<ul style="list-style-type: none"><input type="checkbox"/> Yes, I'm okay.<input type="checkbox"/> NO, I need help!<input type="checkbox"/> I am not sure. I want to talk with someone please.



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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:

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.)

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.