

**SOUDERTON AREA SCHOOL DISTRICT  
BULLYING INCIDENT REPORTING FORM**

DATE OF REPORT \_\_\_\_\_ LOCATIONS OF ACTIONS \_\_\_\_\_

**NAME OF PERSON MAKING REPORT**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

Grade Level \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**PERSON TAKING REPORT**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*POSITION: Administrator, Teacher, Staff, Student, Parent, Sibling, Other*

**PERSON BEING BULLIED**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PARENT \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

**ALLEGED BULLY**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PARENT \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PARENT \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PARENT \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

**WITNESSES TO BULLYING BEHAVIOR**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

Phone \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

Phone \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

Phone \_\_\_\_\_

*POSITION: Administrator, Teacher, Staff, Student, Parent, Sibling, Other*

**ALLEGED BULLYING BEHAVIOR**

**TYPE OF BULLYING (check all that apply)**

- PHYSICAL** (*hitting, kicking, etc.*)
- VERBAL** (*teasing, name calling, etc.*)
- EMOTIONAL/EXCLUSION** (*starting rumors, telling others not to be friends with someone, etc.*)
- CYBER-BULLYING** (*using an electronic medium to engage in any bullying behavior that disrupts the orderly operation of the school*)

**DESCRIBE THE BULLYING INCIDENT(S)**

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**Specific Concerns (Check all that apply)**

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|--|---|
| <b>Medical Attention Required</b> (Yes) <input type="checkbox"/> (No) <input type="checkbox"/> | <b>Fear of Retaliation</b> (Yes) <input type="checkbox"/> (No) <input type="checkbox"/> |
| <b>Physical Injury</b> (Yes) <input type="checkbox"/> (No) <input type="checkbox"/>            | <b>Damaged Property</b> (Yes) <input type="checkbox"/> (No) <input type="checkbox"/>    |

**REPORTER SIGNATURE** \_\_\_\_\_ **DATE OF REPORT** \_\_\_\_\_

**RECEIVED BY ADMINISTRATION**

**ADMINISTRATOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**Bullying Behavior Verified?**  (Yes)  (No)

**Discipline/Incident entered in Student Information System (SIS)?**  (Yes)  (No)

**Police notified?**  (Yes)  (No)

**Conclusion/Resolution of incident** \_\_\_\_\_

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