

Edmond Public Schools
HARASSMENT/BULLYING INCIDENT REPORT FORM

*This form is to be used by parents or staff members to report incidents of harassment/ bullying to a building administrator. Students who witness or are victims of harassment, bullying, or intimidation should **IMMEDIATELY** report that information to a principal, counselor, teacher, and/ or parent/ guardian.*

Student(s) Affected:

Name: _____ Grade and/ or Class _____

Name: _____ Grade and/ or Class _____

Student(s) Initiating Bullying/Harassment:

Name: _____ Grade and/ or Class _____

Name: _____ Grade and/ or Class _____

Location (specifically): _____

Date (s) and Time(s): _____

Type of Harassment Alleged (Check all that apply):

Racial _____ Sexual _____ Religious _____ Physical _____ Social Media/ Electronic _____ General _____

Check all spaces below that apply. Adult stated or identified inappropriate behaviors as:

- | | |
|--|---|
| <input type="checkbox"/> Name Calling | <input type="checkbox"/> Intimidation/Extortion |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Demeaning Comments |
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Inappropriate Touching |
| <input type="checkbox"/> Staring/Leering | <input type="checkbox"/> Damaging Property |
| <input type="checkbox"/> Writing/Graffiti | <input type="checkbox"/> Shoving/Pushing |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Taunting/Ridiculing |

Other _____

Describe the incident in detail. Please attach any additional information if necessary:

Witnesses Present: _____

Physical evidence: Graffiti _____ Notes _____ E-mail _____ Web sites _____ Video/audio recording _____

Other _____

The Person submitting this Form: _____ Staff _____ Parent _____ Administrator

Name (printed): _____

*******The back side of this form is for administrative use only*******

It is to be used by the administrator after investigating alleged bullying/ harassment as reported by a staff member or parent or student reported incidents that have been determined to be incidents of bullying/ harassment.

*******Administrative Use Only*******

Parents of Affected Student(s) Contacted:

Name: _____ Date: _____ Time: _____

Name: _____ Date: _____ Time: _____

Parents of Student(s) Initiating Bullying/Harassment Contacted:

Name: _____ Date: _____ Time: _____

Name: _____ Date: _____ Time: _____

Administrative response taken:

Signature _____

Please submit the original form to the District Bullying Coordinator and keep a copy on file at the school

