SALLISAW BOARD OF EDUCATION

FNCD-E

HARASSMENT/BULLYING INCIDENT REPORT FORM

Date: Time:	Room/Location: _		
Student(s) Initiating Bullying/Harassment:			
	Grade:	Class:	
	Grade:	Class:	
Student(s) Affected:			
	Grade:	Class:	
	Grade:	Class:	
Type of Harassment Alleged:			
Racial Sexual Religious	Other		
Check all spaces below that apply. Adult sta	ated or identified inappropriate b	ehaviors as:	
Name Calling Stalking Inappropriate Gesturing Staring/Leering Writing/Graffiti Threatening Taunting/Ridiculing Inappropriate Touching Other Describe the incident:	Spitting Demeaning Commen Stealing Damaging Property Shoving/Pushing Hitting/Kicking Flashing a Weapon Intimidation/Extortion		
Witnesses Present:			
Physical evidence: Graffiti Notes Other	E-mail Web sites	Video/audio tap	e
Staff signature			
Parent(s) contacted: Date			
Administrative response taken:			