

MARSHALL PUBLIC SCHOOLS

**SERIES 400
STUDENTS**

Administrative Exhibit 443.71

BULLYING INCIDENT REPORT

For use when reporting bullying incidents at school. It may be used by school officials when investigating this or other related incidents.

Report made by: _____ Date: _____

Exact location/s of incident: _____

Date of incident: _____ Approximate time of incident: _____

Check those that apply:

- | | | | |
|------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Kicking | <input type="checkbox"/> Teasing | <input type="checkbox"/> Exclusion from game | <input type="checkbox"/> Intimidation |
| <input type="checkbox"/> Hitting | <input type="checkbox"/> Embarrassment | or activity | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Tripping | <input type="checkbox"/> Name calling | _____ |
| <input type="checkbox"/> Spitting | <input type="checkbox"/> Hate notes | <input type="checkbox"/> Rude gestures | _____ |
| <input type="checkbox"/> Insulting | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Spreading rumors | _____ |
| <input type="checkbox"/> Hazing | <input type="checkbox"/> Put downs | <input type="checkbox"/> Cyber-bullying | _____ |

Please describe in detail exactly what occurred, anyone who was involved, and possible witnesses. Details are very important.

(Continue on back if necessary)

Signature

Date Submitted

Legal References:

Cross Reference: 443.71 Anti Bullying
443.72 Cyber Bullying

Date of Adoption: December 16, 2009

Date of Revision: