

**ALEXANDRIA PUBLIC SCHOOLS
INCIDENT REPORT FORM**

This form is used to identify a possible incident of bullying or harassment. The staff person who observes the conduct or receives the concern should complete this form, not the complaining student or staff. Copies of this form should be forwarded to the Site Complaint Manager for follow up.

Date of report: _____ Time of Incident: _____

School: _____ District: _____

Teacher/Staff: _____ Position: _____

Location of Incident: _____

| Name(s) of target(s): | Name(s) of accused staff member(s): | Name(s) of witnesses/bystanders: |
|-----------------------|-------------------------------------|----------------------------------|
| | | |
| | | |
| | | |

| Information about the Target: | | |
|-------------------------------|--|---|
| Grade | Gender | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other |

| Information about the Accused Staff Member: | | |
|---|--|---|
| Grade | Gender | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other |

Check all behaviors that apply.

| PHYSICAL CONDUCT – Harm to another’s body or property. *Criminal Conduct/Mandatory Reporting | | | | |
|---|---------------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Threatening physical harm | <input type="checkbox"/> Pushing | <input type="checkbox"/> Slapping | <input type="checkbox"/> Destroying or defacing property* | <input type="checkbox"/> Assault with a weapon* |
| <input type="checkbox"/> Making threatening gestures | <input type="checkbox"/> Pinching | <input type="checkbox"/> Kicking | <input type="checkbox"/> Extortion* | <input type="checkbox"/> Arson* |
| | <input type="checkbox"/> Scratching | <input type="checkbox"/> Tripping | <input type="checkbox"/> Theft* | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Hair pulling | <input type="checkbox"/> Biting | | |

| | | | | |
|---|-----------------------------------|----------------------------------|--|--|
| <input type="checkbox"/> Starting a fight | <input type="checkbox"/> Spitting | <input type="checkbox"/> Hitting | <input type="checkbox"/> Sexual assault* | |
| <input type="checkbox"/> Blocking movement, cornering | | | | |
| <input type="checkbox"/> Shoving | | | | |

| | | | |
|---|---|--|--|
| EMOTIONAL CONDUCT – Harm to another’s self-worth, in person or electronically. | | | |
| <input type="checkbox"/> Insulting gestures | <input type="checkbox"/> Defacing or falsifying schoolwork | <input type="checkbox"/> Racial, ethnic or religious slurs or epithets | <input type="checkbox"/> Threatening another to secure silence |
| <input type="checkbox"/> Dirty looks | <input type="checkbox"/> Insulting/degrading graffiti | <input type="checkbox"/> Insulting remarks related to disability, gender or sexual orientation | <input type="checkbox"/> Challenging in public |
| <input type="checkbox"/> Insulting remarks | <input type="checkbox"/> Harassing and/or frightening phone calls, emails, text or phone messages | | <input type="checkbox"/> Unwanted sexually suggested remarks, images or gestures |
| <input type="checkbox"/> Name calling | <input type="checkbox"/> Cyberbullying | | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Taunting | | | |

| | | | |
|---|---|--|---|
| SOCIAL (RELATIONAL) CONDUCT – Harm to another through damage (or threat of damage) to relationship or feelings of acceptance, friendship or group inclusion. | | | |
| <input type="checkbox"/> Using negative body language or facial expressions | <input type="checkbox"/> Playing mean tricks | <input type="checkbox"/> Threatening to end a relationship | <input type="checkbox"/> Exclusion |
| <input type="checkbox"/> Gossiping | <input type="checkbox"/> Insulting publicly | <input type="checkbox"/> Undermining other relationships | <input type="checkbox"/> Ostracizing/ total group rejection |
| <input type="checkbox"/> Starting/spreading rumors | <input type="checkbox"/> Ignoring someone to punish or coerce | <input type="checkbox"/> Passively not including in group | <input type="checkbox"/> Arranging public humiliation |
| | <input type="checkbox"/> Cyberbullying | | <input type="checkbox"/> Other: |

- Additional comments should be put on back of this form –