

Lawrence Public Schools Bullying Incident Report Form

Student Name:			Date:	Time:	
School:			Grade:	ID#:	
Where did the incident occur? (Choose allOn school propertyAt a school soOther (please				_On way to/from school 	
Person Reporting Incident: Name:		Address:			
Telephone/Cell Phone:		Email:			
Position: School Staff Parent/Guard	ian Student _	Studen	t (witness/bystand	.er) Anonymous	
On what date(s) did the incident occur?					
Name of Aggressor(s) (if known)	00.1		Information abo (Check all that	ut the incident: apply that describes what happened)	
				L BULLYING: Persistent pushing, hitting lefacing property, stealing, threatening	,
				icting bodily harm.	
Witnesses (List people who saw the incide		ion about it)	teasing, insulting	IAL BULLYING: Persistent name calling, harassing phone calls, writing notes, graffiti, threatening violence or bodily	
Name	StudentStaff _	Other	SOCIAL B	BULLYING: Persistent	
Name	StudentStaff _	Other	gossiping/spread	ling rumors, teasing about looks,	
Did a physical/emotional injury result from No Yes, but it did not require medical att	ention			ne from groups, arranging public idation, humiliation on a school wide	
Yes, and it did require medical attenti				LLYING: Persistent text messaging,	
Yes, referral to counselor/mental hear	Date/Time		derogatory photos	ites, instant messaging, emailing s, hit lists, stealing passwords, online online insults, rumors, slander, sexting or	
Signature of administrator accepting report	— — Date/Time		I	to the best of your ability, the t or act on back of this form.	