

# Bullying Incident Report for Student Behavior

## Incident Details

Date of Incident

Time

Location

Enter location

Reported By

Your name

## People Involved

Alleged Victim(s)

Full name(s)

Alleged Offender(s)

Full name(s)

Witness(es)

Full name(s), if any

## Type of Behavior

Select type

## Description of Incident

Describe what happened

Provide a detailed description, including actions, words, and any injuries or damages

Actions Taken (if any)

Steps taken immediately after the incident

Suggested Follow-Up

Recommendations or requests for further action

**Signature**

Your signature

**Date**