

# BLACKHAWK HIGH SCHOOL BULLYING INCIDENT REPORT

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Other Students Involved:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

TEACHER: (Check all that apply)	
<input type="checkbox"/> Teasing <input type="checkbox"/> Name Calling <input type="checkbox"/> Gossip/Rumors <input type="checkbox"/> Purposely Embarrassing <input type="checkbox"/> Pushing/Shoving <input type="checkbox"/> Name Calling with Profanity <input type="checkbox"/> Purposeful Exclusion <input type="checkbox"/> Repeated Classroom Disruption	<input type="checkbox"/> Verbal Cruelty <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Racial/Religious Slurs or Insult <input type="checkbox"/> Physical Fighting <input type="checkbox"/> Extortion <input type="checkbox"/> Intimidation/Threats <input type="checkbox"/> Destruction of Property <input type="checkbox"/> Other

**Details:** \_\_\_\_\_

TEACHER ACTIONS: (Check all that apply)	OFFICE ACTIONS: <i>Previous Interventions</i> (Check all that apply)
<input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Verbal Reprimand <input type="checkbox"/> Conference with Student <input type="checkbox"/> Phone Call Home <input type="checkbox"/> Conference with Parents <input type="checkbox"/> Sent to Principal's Office <input type="checkbox"/> Guidance Referral <input type="checkbox"/> Behavioral Contract <input type="checkbox"/> Detention – 1 hour <input type="checkbox"/> Detention – 2 hours <input type="checkbox"/> Saturday <input type="checkbox"/> Other	<input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Verbal Reprimand <input type="checkbox"/> Conference with Student <input type="checkbox"/> Phone Call Home <input type="checkbox"/> Conference with Parents <input type="checkbox"/> Sent to Principal's Office <input type="checkbox"/> Guidance Referral <input type="checkbox"/> Behavioral Contract <input type="checkbox"/> Detention – 1 hour <input type="checkbox"/> Detention – 2 hours <input type="checkbox"/> Saturday <input type="checkbox"/> Other

**Details:** \_\_\_\_\_

Below is for ADMINISTRATIVE use only: (Check all that apply)	
<input type="checkbox"/> Administrative Counseling <input type="checkbox"/> Suspension: Out of school <input type="checkbox"/> Detention – 1 hour <input type="checkbox"/> Detention – 2 hours <input type="checkbox"/> Saturday <input type="checkbox"/> Other	<input type="checkbox"/> No Bullying Contract <input type="checkbox"/> Guidance Referral <input type="checkbox"/> Parent Contact <input type="checkbox"/> Parent Conference

**Details:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_