## **Highland Middle School Bullying Report Form**

Student Name: Grade:				
Other Student(s) Involved:				
Date of Incident: Time of Incident:				
Location of Incident:				
Referred by:				
TEACHERS: (check all that apply)				
	Teasing	Name calling	Gossip/Rumors	
	Purposefully Embarrassing	Pushing/Shoving	Name calling with	
			profanity	
	Purposeful exclusion	Verbal cruelty	Sexual harassment	
	Racial/Religious Slurs	Physical fighting	Extortion	
	Intimidation/threats	Destruction of Property	Other	
Detai	ls:		•	
TEACHER ACTION: (check all that OFFICE ACTIONS: (Previous				
apply)		Interventions – check all that	Date(s):	
арргу)		apply)	Date(s).	
	Loss of Privileges	Loss of Privileges		
	Verbal Reprimand	Verbal Reprimand		
	Conference with Student	Conference with Student		
	Phone Call Home	Phone Call Home		
	Conference with Parents	Conference with Parents		
	Sent to Principal's Office	Sent to Principal's Office		
	Guidance Referral	Guidance Referral		
	Behavioral Contract	Behavioral Contract		
	Detention – 1 hour	Detention – 1 hour		
	Other:	Other:		
Details:				
Below is for <b>ADMINISTRATIVE</b> use only:				
(chec	k all that apply)			
	Administrative Counseling	No Bullying Contract		
	Suspension – In School	Guidance Referral		
	Suspension – Out of School	Parent Contact		
	Detention – 1 hour	Parent Conference		
Details:				
Student signature Date: _			::	
_			::	
Princ	ipal's signature:	Date	Date:	