

New Lothrop Area Public Schools

9285 Easton Road

New Lothrop, MI 48460



Bullying Incident Report

- Type of Incident:
- Student to Student Conflict
- Mean Behavior
- Taunting
- Verbal Bullying
- Social Bullying (isolating or excluding others)
- Physical Bullying
- Other _____

Time and Date Incident Occurred: _____ / _____

Who is involved, the victim or target of the behavior? If more than one, include all names:

Who is involved or the perpetrator (the person(s) doing the bullying behavior)? If more than one person, include all names:

Did anyone witness this situation? _____ Were there bystanders? _____

If yes, list the bystanders: _____

Please state where incident happened (ex: hallway, bathroom, etc):

Descriptions of incident (give all details and use back of page if needed):

Did anyone try to help? _____

Did anyone try to stop the conflict, inappropriate behavior or bullying? _____

If "yes", please list who: _____

Have you notified anyone of this incident yet? _____ If so, whom? _____

Have the parents of the student(s) involved been notified? _____

If yes, date and time:

Student 1 _____ Student 2 _____ Student 3 _____ Student 4 _____

Your Signature _____ Date _____

Your Printed Name _____

Signature of Principal or School Official Processing this form _____ Date _____

Signature of Superintendent _____ Date _____