

# Roxbury Public Schools Incident Report

Date of Report: \_\_\_\_\_

Initially reported by: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Person who allegedly committed the behavior: \_\_\_\_\_ grade: \_\_\_\_\_

Recipient of the behavior: \_\_\_\_\_ grade: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

**BEHAVIORAL OBSERVATION:** Check all behavior that the victim has experienced:

- Hurtful teasing       socially excluding       stealing       restraining       kicking
- Hurtful name calling       eye rolling/gesture       pushing       spitting       threatening
- Insulting remarks       spreading rumors       tripping       embarrassing       stalking
- Sending nasty notes       hurtful graffiti       slapping       pinching       staring
- other

Explain (additional space on back): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHERE BEHAVIOR WAS OBSERVED:**

- Bathroom                       hallway                       stairwell
- Classroom                       cafeteria                       locker room
- Gym                               library                       text messages/computer
- Unknown                       bus                               playground
- Other, explain: \_\_\_\_\_

Was the behavior witnessed by others?  YES       NO       Unknown

Name of Witness(es): \_\_\_\_\_

Approximately how long has the behavior been occurring? \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

\*This form to be returned to Principal or Principal's Designee

**\*To be filled out by school Anti-Bullying Specialist or designee\***

Incident was determined to be:  suspected bullying       confirmed bullying       non-bullying event  
\_\_\_\_\_ principal handled this as conflict prior to HIB investigation \_\_\_\_\_ principal's initials

