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
Description of incident (if additional space is needed):__________________________

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