

Bully Incident Form

APS PIP 25-1.17

Date:	Time:
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Name(s) of reporting student(s):

Name(s) of victim (s) (if different from reporting student(s):

Name(s) of reporting student(s):
Name(s) of student(s) who allegedly bullied (Offender):

Description of problem (Allegation):
Date _____ Time _____ Location _____
Describe what happened:

Witness(es):

Steps staff member has taken to remedy:

<input type="checkbox"/> Spoke to student who was alleged victim	Date:
<input type="checkbox"/> Spoke to student who perpetrated bullying (Offender)	Date:
<input type="checkbox"/> Called parent of reporting student (victim)	Date:
<input type="checkbox"/> Called parent of student who allegedly bullied	Date:
<input type="checkbox"/> Wrote referral to administrator	Date:
<input type="checkbox"/> Counseling referral	Date:
<input type="checkbox"/> Other (please describe):	

Outcome of investigation/intervention:

Signature _____ Date: _____