

# Gahanna-Jefferson Public Schools

## Bullying Incident Report Form

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Building Name of person completing form

\_\_\_\_\_

Name of person targeted Person(s) identified as aggressor(s)

Are you a witness or has this information been reported to you? \_\_\_\_\_

\_\_\_\_\_

Incident date(s) When did this happen?

\_\_\_\_\_

Incident Place(s) Where did this happen?

\_\_\_\_\_

\_\_\_\_\_

Incident duration: How long has this been going on?

\_\_\_\_\_

\_\_\_\_\_

Incident type(s) What happened?

\_\_\_\_\_

\_\_\_\_\_

Were there any witnesses?

\_\_\_\_\_

\_\_\_\_\_

What interventions have been attempted (i.e. teacher intervening, discipline, calls to parents, etc)?

\_\_\_\_\_

\_\_\_\_\_

Is there anything else that would help the administrator in completing the investigation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete the above information and return form to a staff member or administrator. Outcomes from this report will include further investigation and may result in discipline and or supportive interventions.**