



Miller Grove ISD
Bullying Incident Reporting Form

Name of Student Targeted:	Grade:		
Name of Person who was bullying/harassing:	Grade:		
Were there any witnesses? Please list their names:			
Where did the incident occur? (choose all that apply) <input type="checkbox"/> On school property <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Other: _____			
Type of bullying: (choose all that apply)			
<input type="checkbox"/> Teasing	<input type="checkbox"/> Threat	<input type="checkbox"/> Stalking	<input type="checkbox"/> Theft
<input type="checkbox"/> Social Exclusion	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Physical Violence	<input type="checkbox"/> Other:
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Public Humiliation	
Describe what happened and when it took place? (Include dates and times.) (Attach separate sheet if necessary.)			
Did physical injury occur? <input type="checkbox"/> No <input type="checkbox"/> Yes, but did not require medical attention. <input type="checkbox"/> Yes and it required medical attention.			
Provide additional information if necessary: Attach a separate sheet if necessary.			
Name of Person Reporting Incident: (optional) Anonymous reports are always accepted.			
<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Other _____			

Note: Completion of this form will initiate an investigation of the alleged incident of bullying or harassment outlined in this form. All information will be confidential except for that which must be shared as a part of the investigation.

School Use Only: Date Received by Administration: _____