

## Pacolet Elementary School Bullying Incident Report

Student Name:	Date:	Time:
Student's Teacher:	Grade:	Reporting Teacher:
Location:		

**Incident Type: (Please check all that apply)**

Level 1		Level 2		Level 3	
	Mean Teasing / Name Calling		Chronic/repeated Level 1		Chronic Level II
	Verbal harassment (race, color & sex)		Profanity to another student		Repeated harassment/verbal abuse
	Taunting		Aggressive harmful hitting		Verbal Abuse/hurtful teasing
	Social Isolation/Exclusion (rumors)		Shoving, tripping		Fighting / Severe Physical
	Indirect Intimidation & gestures		Intimidation		
	Supporting bullying behavior		Threats		Other Acts of violence

**Incident Description:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Administrator Use Only: (Grades 2-5)**

Level 1		Level 2		Level 3	
	1 <sup>st</sup> offense: Warning		1 <sup>st</sup> offense: Conference with Parent(s), Child, Teacher, and Principal		Suspension
	2 <sup>nd</sup> offense: Parent Communication		Behavior Plan Lunch Detention (2 days)		
	3 <sup>rd</sup> offense: Parent Conference Lunch detention		2 <sup>nd</sup> offense: Detention (2 days) Panther Den		

**Administrator Use Only: (Grades 5K-2)**

Level 1		Level 2		Level 3	
	1 <sup>st</sup> offense: Warning		1 <sup>st</sup> offense: Conference with Parent(s), Child, Teacher, and Principal		Office Referral
	2 <sup>nd</sup> offense: Parent Phone Call		2 <sup>nd</sup> offense: Behavior Plan		
	3 <sup>rd</sup> offense: Parent Conference				

**Notes about Action Taken:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Follow-Up Notes:** \_\_\_\_\_  
 \_\_\_\_\_

**School Counselor's Initials:** \_\_\_\_\_

**Administrator's Initials:** \_\_\_\_\_