

SASKATOON CATHOLIC SCHOOLS

Bullying Incident Report

|  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Intentional abusive act | <input type="checkbox"/> Imbalance of power | <input type="checkbox"/> Repetitive |
|--|---|-------------------------------------|

|                 |                                |
|-----------------|--------------------------------|
| School:         | Investigator:                  |
| Date:           | Reporting Individual(s):       |
| Staff Involved: | Location and Time of Incident: |

**People directly involved in the incident:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

People/person have/has **not** been involved in previous incidents.

People/person **have/has been** involved in previous bullying incidents.

When? \_\_\_\_\_

**People acting as bystanders:**

\_\_\_\_\_

\_\_\_\_\_

**Form of bullying identified** (check those that apply):

Physical     Verbal     Relational     Reactive     Electronic

**Description of incident:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action taken, people contacted and follow-up:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue on back if necessary)