



WEST YORK AREA HIGH SCHOOL HARRASSMENT/BULLY INCIDENT FORM

Date: _____

Victim Name: _____

Bully Name: _____

Witness(s) Name(s): _____

Teacher/Adult Witness Name or Title (e.g., Bus Driver): _____

Name of person filling out the form: _____

Location:

- | | | | | |
|----------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Classroom | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Locker | <input type="checkbox"/> Bus/Bus Stop | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Other: _____ | |

Type of Bullying/Harassment: (Check all that apply.)

- | | | | | |
|---------------------------------------|---|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Verbal | <input type="checkbox"/> Online/Texting | <input type="checkbox"/> Written | <input type="checkbox"/> Indirect |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Peer Exclusion | <input type="checkbox"/> Repeat Offense | <input type="checkbox"/> Other: _____ | |

Type of Bully /Harassment Prevention Strategies you tried:

- | | | | | |
|--|--|---|---------------------------------------|--|
| <input type="checkbox"/> Walk away | <input type="checkbox"/> Report to a adult | <input type="checkbox"/> Ask nicely to stop | <input type="checkbox"/> Take a stand | <input type="checkbox"/> Avoid the bully |
| <input type="checkbox"/> Tell a Friend | <input type="checkbox"/> Group together | <input type="checkbox"/> Stay in safe areas | <input type="checkbox"/> Other: _____ | |

Brief Description of the Incident: _____

Teacher/Adult Interaction: (What did they do?) _____

Student Witness Interaction: (What did they do?) _____

Official Use Only

This side is to be completed by a TEACHER, ADMINISTRATOR, or GUIDANCE COUNSELOR handling the situation.

Date Received: _____	Was this a harassment/bullying situation? Y or N
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Spoke to victim: Y or N Date: _____	Spoke to offender: Y or N Date: _____
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Outcomes:

Bullying/Harassment
1. Imbalance of power/not friends
2. Repeated negative actions
3. Purposeful
4. Serious with the threat of physical or emotional harm
5. Strong emotional reaction from the victim and little or no reaction from the bully
6. Seeking power, control, or material things
7. No remorse. Blames the victim
8. No effort to solve the problem

VS.

Peer Conflict
1. Equal power or friends
2. Happens occasionally
3. Accidental
4. Not Serious
5. Equal emotional reaction
6. Not seeking power or attention
7. Remorse. Will take responsibility
8. Effort to solve the problem