

Bullying Incident Report

Date: [Insert Date]

Teacher's Name: [Insert Teacher's Name]

Student's Name: [Insert Student's Name]

Grade/Class: [Insert Grade/Class]

Incident Details

Date of Incident: [Insert Date of Incident]

Time: [Insert Time]

Location: [Insert Location]

Description of Incident

[Provide a detailed description of the bullying incident, including what happened, who was involved, and any witnesses.]

Actions Taken

[Describe any actions taken by the teacher or school in response to the incident, including conversations with the involved students, parents, and any disciplinary actions.]

Follow-Up Plan

[Outline a plan for follow-up, including monitoring the situation, further discussions, or support resources for the students involved.]

Signature

[Teacher's Signature]

Contact Information:

Email: [Insert Email]

Phone: [Insert Phone Number]