



**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:

- Hallway Bathroom Locker Room Classroom Gymnasium
- Locker Bus/Bus Stop Cafeteria Other: _____

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

- Physical Verbal Online/Texting Written Indirect
- Intimidation Peer Exclusion Repeat Offense Other: _____

Type of Bully /Harassment Prevention Strategies you tried:

- Walk away Report to a adult Ask nicely to stop Take a stand Avoid the bully
- Tell a Friend Group together Stay in safe areas 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:	
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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