



BIRDVILLE INDEPENDENT SCHOOL DISTRICT
Student Incident Report
BULLYING, CYBERBULLYING, SEXUAL HARASSMENT,
DATING VIOLENCE and SEXUAL VIOLENCE

Name: _____ Student ID: _____

Grade: _____ Date: _____ Time: _____ School: _____

Please answer the following questions about the most serious incident:

List the name of the alleged offender (s) of bullying, sexual harassment, dating violence, or sexual violence:

Relationship between you and the alleged offender:

Describe the incident (For additional space, use the back):

When and where did it happen? _____

Why do you think this happened? _____

Were there any witnesses? yes no

If yes, who: (Student and/or adult)

Is this the first incident? yes no

If no, how many times has it happened before? Describe the incident (s).

Student or parent declines to complete this form:

Initial: _____ Date: _____

**COUNSELOR, AT-RISK COUNSELOR, ASSISTANT PRINCIPAL
RESPONSE PAGE**

Facts/Findings: (Administrative Summary)

Did this violate the Code of Conduct? yes no

Follow-up with student/parent by:

Phone yes no Email yes no Written correspondence yes no Other yes no Conference [
] yes no Date: _____

Did this constitute retaliation? yes no

Does this constitute bullying? <input type="checkbox"/> yes <input type="checkbox"/> no If Yes, you MUST follow the Protocol Report			
If yes, would you best describe the bullying as which of the following:			
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Religion	
<input type="checkbox"/> Disability	<input type="checkbox"/> Race, Color National Origin	<input type="checkbox"/> None of the above	
Victim Name: _____	Race: _____	Circle if applies: LEP	Disabilities 504
Perpetrator Name: _____	Race: _____	Circle if applies: LEP	Disabilities 504

Were the police called? yes no Date: _____

Disciplinary action yes no Schedule/Proximity Change yes no Change lunch [
yes no Change locker yes no

Follow-up: _____ Date: _____ Documentation: _____

Name: _____ Date: _____
Counselor/Assistant Principal

Send a copy of this form to Associate Superintendent of Staff & Student Services if it involves:
Bullying, Sexual Harassment, Gender Based Harassment or Discrimination
Send a copy of this form to the Director of Guidance & Counseling for all other issues.