

Student Conflict Situation Report

Instructions: Complete this form, make a copy, and submit the original to the Principal's Office.

Date: _____

Signature of Reporting Adult: _____

Name of Reported Victim: _____ Grade: _____

Name of Accused Party: _____ Grade: _____

Name of followers (if any): _____

Other witnesses/bystanders: _____

Circle all of the behaviors that the victim has experienced.

Hurtful Teasing	Stealing or damaging property	Spitting on him/her
Name-Calling	Pushing	Hitting and punching
Insulting Remarks	Tripping	Slapping
Spreading lies and rumors, destroying reputation	Grabbing	Bumping with shoulder
Socially rejecting	Pinching	Kicking
Sending nasty notes or hate notes	Restraining	Threats
Eye rolling/"the look"	Hurtful graffiti	Stalking
Other:		

Note: Once completed, this form should be filed in the designated secured area to ensure confidentiality.
 **Bullying Prevention for Schools, Beane - Appendix F

Student Conflict Situation Report continued

Circle where and when the behaviors have been observed. Circle all that apply.

Bathroom	Hallway	Stairwell
Classroom	Cafeteria	Locker Room
Gym	Library	Waiting for Bus before school
Waiting for the bus after school	Parking Lott	Other:

Have you (the reporter) observed any mistreatment of this individual? ___ Yes ___ No
 Circle the specific actions taken thus far to prevent and stop the behavior.

Verbal warning and conference w/ student	Loss of Privileges	Restitution
Telephoned Parent	Parent Conference	Special Assignment
Detention	Saturday School	Isolation, time-out
Other:		

Approximately how long has the issue been going on? _____

Parent(s) contacted by: _____ Date: _____ Time: _____

Name of Parent contacted: _____

Parent(s) contacted by: _____ Date: _____ Time: _____

Name of Parent contacted: _____

Summary of telephone conversation with parent/guardian:

Use additional pages if necessary. Number, date and initial any additional pages. Attach copies of any relevant notes.

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