

TCA BULLYING INCIDENT REPORT FORM

Today's Date: _____ Location(s) of Incident: _____

Person Reporting Incident: _____

Date(s) the alleged bullying occurred: _____

Name of student(s) subjected to the alleged bullying: _____

Name of person(s) who committed the alleged bullying: _____

Name(s) of Witnesses: _____

Bullying Criteria Checklist (Must meet all four criteria points)

The term "bullying" means an act that is:

- _____ Is the incident **repetitive**?
- _____ Is it **intentional hurting** of one person or group by another person or group?
- _____ Does the relationship involve an **imbalance of power**?
- _____ Is it **physical, verbal, or psychological**?

Note: Submission of a good faith report of bullying or harassment will not affect the complainant or reporter's future employment, grades, learning, or working environment. A complainant that falsely accuses someone will be subject to disciplinary action.

Date received by Dean of Students: _____

Summation of incident(s) of bullying as accurately as possible. If necessary, attach additional sheets or use the back side of this form.

Investigative Action taken:

Result of Investigation:

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Signature of Dean of Students: _____

Headmaster or Assistant Headmaster: _____