

Staff Members Documentation for Bullying Incidents

Student's Name: _____ Grade: _____ School: _____

1st Offense: Verbal warning and record incident on *Documentation for Bullying Incidents*.

2nd Offense: Loss of some privilege or time-out and record incident on *Documentation for Bullying Incidents*.

3rd Offense: Record incident on *Documentation for Bullying Incidents* and send to principal's office for referral.

1st Offense – Date: _____

Incident Report: _____

Student's Signature

Teacher's Signature

Counselor's Signature
(If applicable)

2nd Offense – Date: _____

Incident Report: _____

Student's Signature

Teacher's Signature

Counselor's Signature

(If applicable)

3rd Offense – Date: _____

Incident Report: _____

Student's Signature

Teacher's Signature

Counselor's Signature
(If applicable)

(Principal's Signature)