

Date of Incident: _____

Date Reported: _____

Student Conflict Situation Report

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

Signature of Reporting Adult: _____ Date: _____

Name of Reported Victim: _____ Grade: _____

Name of Accused: _____ Grade: _____

Names of Followers (if any): _____

Names of Witnesses/Bystanders: _____

Check all of the behaviors that the victim has experienced

- | | | |
|------------------------------|--------------------|------------------------|
| Hurtful Teasing | Stealing | Damaging Property |
| Name Calling | Pushing | Spitting on him/her |
| Insulting Remarks | Hitting & Punching | Bumping |
| Spreading Lies/Rumors | Pinching | Kicking |
| Destroying Reputation | Restraining | Threats |
| Hurtful Graffiti | Stalking | Eye Rolling/"the look" |
| Sending Nasty Notes/Messages | Other: | Other: |

Where and when the behaviors have been observed. Check all that apply.

- | | | |
|----------------|---------------|--------------|
| Before School | During School | After School |
| Bathroom | Hallway | Locker Room |
| Classroom | Cafeteria | On Bus |
| Walking to Bus | Parking Lot | Gym |
| PE | Other: | Other: |

Have there been actions previously taken to prevent and stop this behavior?

- | | | |
|----------------------|------------------|--------------------|
| Verbal Warning | Restitution | Loss of Privileges |
| Conference w/student | Contacted Parent | Detention |
| ISS | Other: | Other: |

Approximately how long has the issue been going on? _____

