

RESOURCE D

Cyberbullying Incident Tracking Form

Report taken by: _____ Date of report: _____

Complainant Information

Name:		<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Age: Sex:	School:		Grade:	

Target Information

Name:		<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Age: Sex:	School:		Grade:	

Offender 1 Information

Name:		<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Age: Sex:	School:		Grade:	

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Offender 2 Information

Name:		<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Age:	School:		Grade:	
Sex:				

Offender 3 Information

Name:		<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Age:	School:		Grade:	
Sex:				

Other Party Information (witnesses and those with indirect knowledge)

Name:		<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Age:	School:		Grade:	
Sex:				

Other Party Information (witness, bystander, other)

Name:		<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Age:	School:		Grade:	
Sex:				

Other Party Information (witness, bystander, other)

Name:		<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Age:	School:		Grade:	
Sex:				

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	Yes
Threat to someone's physical safety	
Sexual harassment	
Discrimination based on race, class, gender, perceived or actual sexual orientation, or other protected status	
Repeated cyberbullying after previous intervention	
Image or video or audio recording or evidence of harassment	
Other notable feature (please list)	

Did the incident involve any of the following features?

Did the incident result in a substantial disruption of the school environment or infringe on the rights of other students or staff? Yes No

(If yes, please describe in as much detail as possible)

Attach printouts of all evidence and additional sheets with statements by individuals listed earlier.

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Description of Action Plan:

What sanctions are being applied and what steps are being taken to ensure behavior does not continue? What additional consequences will be applied if offender fails to comply with action plan?

Comments by principal or other administrator:

Other comments:

I have been made aware of this incident and will discuss this issue further with my child.

Parent’s signature: _____ Date: _____

Case closed date: _____ Reason for closure: _____

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