

ORCHARD LAKE MIDDLE SCHOOL INCIDENT REPORT FORM

After completing this form, please return it to the office. This report will be investigated within 24 hours. If you fear that a student is in immediate danger, please call Mr. Long at 248-865-4480.

Person Reporting Incident _____ Today's Date _____

Please review the chart below to determine if this incident is CONFLICT or BULLYING.

Normal Peer Conflict	Bullying
Equal power or friends	Imbalance of power; not friends
Happens occasionally	Repeated negative actions
Accidental	Purposeful
Not serious	Serious with threat of physical or emotional harm
Equal emotional reaction	Strong emotional reaction from victim and little or no emotional reaction from bully
Not seeking power or attention	Seeking power, control, or material things
Not trying to get something	Attempt to gain material things or power
Remorse – will take responsibility	No remorse – blames victim
Effort to solve the problem	No effort to solve problem

I have determined this incident was (check one box): CONFLICT BULLYING

Who was involved? Please list first and last names.

- _____ (check one) Friend Victim Bystander (Witness) Bully
- _____ (check one) Friend Victim Bystander (Witness) Bully
- _____ (check one) Friend Victim Bystander (Witness) Bully
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- _____ (check one) Friend Victim Bystander (Witness) Bully

Where did the incident happen? Check all that apply.

- School bus Gym locker room Bathroom Cafeteria
- Hallway Electronically (online or cell phone) After school activity
- Classroom (teacher's name _____)

When did the incident occur? Check all that apply.

- Before school Between classes After school Lunch time
- During class (teacher's name _____)

What best describes the incident? Check all that apply.

