Lynn Public Schools

Incident/Bullying Reporting Form

REFERRAL SLIP

Student’s Name: ______________________________ Date: __________________________

Target (Victim): _______________ Aggressor (Bully): ______________________

Grade: _______________ Room/HR/Cluster: ______________________

Please check reason for referral:

☐ Fighting/Aggressive Behavior    ☐ Inappropriate Touching
☐ Threatening                   ☐ Hurtful Teasing/Name Calling
☐ Stealing/Property Damage      ☐ Spreading Rumors
☐ Intimidation/Retaliation      ☐ Cyberbullying/Texting

If Bullying is suspected is there power imbalance present ____ and/or repetition present____

Location of incident: ___________________ Time of incident: ______________________

Witness to incident: ____________________________

Physical evidence: Text____ Notes____ E-mail____ Websites____ Other____

Description of incident:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Actions taken:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Staff signature: ______________________________ Date: _____________________