

PLAST USA - Ukrainian Scouting Organization

Bullying Incident Reporting Form

Date of Incident: _____ Time of Incident _____ Repeat Infraction? YES NO

Name of victim(s): **Name of scout(s) bullying** **Name of witnesses/bystanders:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Reported by (circle all that applies):

Vykhovnyk (leader) Novak/Novachka Yunak/Yunachka Bystander Victim/Target Parent
Camp Nurse/Doctor Instructor Other (Please specify): _____

Where did the incident take place/location? (Describe)

Please check the box that best describes what the bully did. Select all that apply.

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the individual
- Getting another person to hit or harm the individual
- Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
- Putting the person down and making the person a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the person
- Making the person fearful, demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Staring/leering
- Writing /Graffiti
- Stole/Damaged Possessions
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Racial, Sexual, Religious or Disability (Circle) DESCRIBE: _____
- Other - describe: _____

Physical Evidence; such as Notes/ Email / Graffiti Video/Audio / Website

Other (please specify): _____

Why do you think the harassment, intimidation or bullying occurred?

Did a physical injury result from this incident? Describe.

If yes, was injury reported to person in charge? Yes _____ (Date and Time: _____) No _____

If yes, was injury reported to police? Yes _____ (Date and Time: _____) No _____

Did the Victim/Target leave Camp/Activity/Organization as a result of the incident? Yes _____ No _____

If yes, describe:

Actions Taken (as per Bullying Prevention Guidelines)

Consequences: _____

Remediation: _____

Referred for additional services and/or counseling. Describe:

Victim/Target's Parent(s)/guardian (s) - NAME (s): _____ **Date:** _____

Person (s) Making Contact: _____

Result: _____

Bully's Parent(s)/guardian(s) - NAME (s) _____ **Date:** _____

Person (s) Making Contact: _____

Result: _____

Today's Date: _____ Reported by: _____

Title/Position: _____ Title/Position: _____

Signature: X _____ Signature: X _____

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Bullying Incident Follow-up Form

Follow-up Conference with Victim/Target:

Date: _____ Time: _____ Location: _____

Conducted by: _____

People Present/Witnesses (check all that applies) :

Bullying Prevention Director _____ Leader/Vykhonyk _____ Victim/Target _____

Witness (es) _____ Other (please specify) _____

According to Victim/Target, situation is (check all that applies):

Better _____ Worse _____ No Difference _____

Additional comments:

