

Euclid Park School

Student Bullying Incident Report Form

Today's Date _____

Circle one:

Have you told the bully(ies) to stop? Yes No

Did you try to walk away? Yes No

Date of the Incident: _____ Time of the Incident _____

Where were you when the Incident
Happened? _____

Bully(ies): _____

Victim(s) _____

Witness(es) _____

Description of What Happened:

Was anyone physically hurt? Yes No If yes, who? _____

Was anyone's property damaged? Yes No If so, what? _____

Have you told anyone about the bullying? Yes No If yes, who? _____

Your name (confidential) _____

Your age and grade _____

The W.A.V.E. Conflict Resolution Program
MEDIATION REFERRAL FORM©

DATE: On _____

I, _____, request that the following people:

Name	Homeroom	Name	Homeroom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

be referred to mediation for the following reasons:

Signed _____

WINNING AGAINST VIOLENT ENVIRONMENTS PROGRAM

Cleveland Schools Center for Conflict Resolution

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Cleveland, Ohio 44103

Phone (216) 432-4605

Fax (216) 426-7683