

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

I. INCIDENT REPORT

- A. Name of Reporter/Person Filing the Report:
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report)
- B. Check whether you are the: Target of behavior Reporter (not the target)
- C. Check whether you are a: Student Staff member (specify role)
 Parent Administrator
 Other (specify)
- D. Your contact information/telephone number:
- E. If student, state your grade/phase:
- F. If staff member, state your job title:
- G. Information about the incident:
 Name of Target (of behavior):
 Name of Aggressor (Person who engaged in the behavior)
 Aggressor is: Student Staff member (specify role)
 Other (specify)
- H. Date(s) of Incident(s): Time When Incident(s) Occurred:

 Location of Incident(s) (Be as specific as possible):
- I. Witnesses (List people who saw the incident or have information about it):
 Name: Student Staff Other
 Name: Student Staff Other
 Name: Student Staff Other
- J. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary.
- K. Signature of Person Filing this Report (Note: Reports may be filled anonymously):
 Signature: Date:
- L. Form Given to: Position: Date:
 Signature: Date Received: