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:__________________________ Date:____________________
      (Note: Reports may be filled anonymously)

   L. Form Given to:__________________________ Position:__________ Date:____________________
      Signature:____________________________________________ Date Received:_______________