Bullying Incident Report Form

1. Name of reporter/person filing the report:

| Signature: | Date received: | |
|---|----------------|----------------------------------|
| Form given to: | _ Position: | Date: |
| Signature of person filing this report:(Note: Reports may be filed anonymously.) | | Date: |
| Describe the details of the incident (people involved, what occurred, and what each person did and said, including specific words used). Use additional space on back if necessary. | | |
| Name: | Student | StaffOther |
| Name: | Student | StaffOther |
| Name: | Student | StaffOther |
| 7. Witnesses (List people who saw the incident or have information about it): | | |
| Location of incident(s) (Be as specific as possible): | | |
| Time when incident(s) occurred: | | |
| Date(s) of incident(s): | | |
| Name of aggressor (Person who started the aggression): | | |
| Name of target/victim (of aggression): | | |
| 6. Information about the incident: | | |
| 5. If staff member, name of your school or work site: | | |
| 4. If student, what school do you atten | d? | Grade: |
| Your contact information/telephone nu | | |
| 3. Are you Student Staff member (specify role) Parent Administrator Other (specify) | | |
| 2. Are you the target of the bullying: _ | Yes No | |
| (Note: Reports may be made anonymously, be aggressor solely on the basis of an anonymously.) | | will be taken against an alleged |