

Bullying prevention and intervention reporting form

Name of reporter: _____

(Note: Reports may be made anonymously, but disciplinary action may not be taken against an alleged aggressor solely on the basis of an anonymous report.)

1. Check if you are the: ___ Target of the behavior ___ Reporter (not the target)

2. Check if you are a: ___

Student Grade ___

___ Staff Member Specify

roll _____

Parent/other Specify

roll _____

Cont

act number _____

3. Name of target (of behavior): _____

4. Date of incident(s): _____

5. Time when incident(s) occurred: _____

6. Location of incident- Be as specific as possible: _____

7. Witnesses (List people who saw the incident or have information about it): Name: _____

Student/Staff/Other Name: _____

— Student/Staff/Other Name: _____

Student/Staff/Other Name: _____

Student/Staff/Other

8. 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 the back if necessary.

Signature of person filing this report _____

Date _____ (Note: Reports may be filed anonymously)