

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING
FORM

1. Name of Reporter/Person Filing out the Report: _____

2. Check whether you are the: Reporter (not the Target) _____ Target of the behavior _____

3. Check whether you are a: Staff _____ Student _____ Parent/Guardian _____ Other (specify) _____

4. Information about the incident:

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Please be specific as possible): _____

5. Witnesses (Please list people who saw the incident or have information about it; circle the appropriate category):

Name: _____ Staff / Student / Other

Name: _____ Staff / Student / Other

Name: _____ Staff / Student / Other

6. 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.