



INCIDENT REPORTING FORM

1. **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.)

2. **Person Filing the Report** _____ **Same as Above**

3. **Check whether you are the:** **Target of the behavior** **Reporter (not the target)**

4. **Check whether you are:** **Student** **Staff member** **Parent** **Administrator**

Other (specify) _____

5. **Your contact information/telephone number** _____

6. **If student, state your school:** _____ **Grade:** _____

7. **If staff member, state your school or work site:** _____

8. Information about the Incident:

a. **Name of Target (of behavior):** _____

b. **Name of Aggressor** (Person who engaged in the behavior): _____

c. **Date(s) of Incident(s):** _____

d. **Time When Incident(s) Occurred:** _____

e. **Location of Incident(s)** (Be as specific as possible): _____

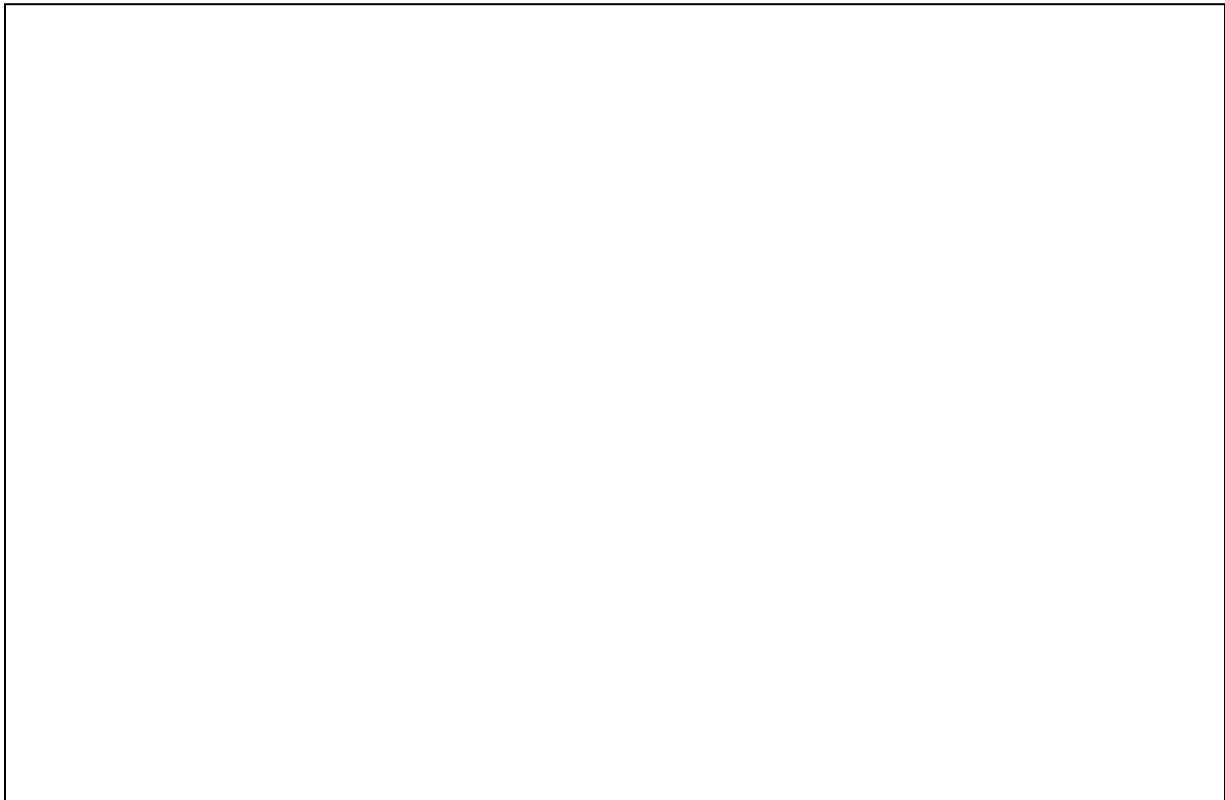
9. Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

10. Describe the incident, using details (including names of people involved, what occurred, and what each person did and said, including specific words used).

A large, empty rectangular box with a thin black border, intended for the student to describe the incident in detail. The box is currently blank.