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.