



BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Please return this form to the administrator at the building.

1. Name of Reporter/Person Filling Out 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. Check whether you are the: Target of the behavior Reporter (not the target)

3. Check whether you are a: Student Staff member Parent Administrator Other (specify)

Your contact information/telephone number (optional)

4. State your school or worksite:

5. Nature of bullying (check all that apply): Physical Emotional Social Cyber

6. Name of Student or Group of Students Targeted by Bullying Behavior:

Person or Persons Who Are Doing the Bullying:

Date(s) of Incident(s)

Time When Incident(s) Occurred:

Location of incident(s)

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:

8. Physical Evidence: Graffiti Notes E-mail Web sites

Video/audio tape Other

9. 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.

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FOR ADMINISTRATION USE ONLY

Signature of Director Date Received