

Incident Reporting Form

Today's Date:	Date of Incident:	Time:
Name of person reporting incident:		
Role of person reporting incident (check one):		
<input type="checkbox"/> Student target		
<input type="checkbox"/> Student witness		
<input type="checkbox"/> Parent/ Guardian		
<input type="checkbox"/> Staff Member		
<input type="checkbox"/> Other _____		
Phone:	Email:	
What was your involvement in the incident?		
<input type="checkbox"/> I was directly involved in the incident		
<input type="checkbox"/> I observed the incident		
<input type="checkbox"/> I heard about the incident		
Name of target(s): (Student being bullied, harassed, or discriminated against)		
Name (s) of alleged offenders:		
Where did the incident occur?		
Incident Description – Describe the specific nature of the incident. What happened? (Be specific) What did the alleged offender say or do? Include copies of text messages, emails, etc... if possible.		
Names of others who may have witnessed the incident:		
Communication/ Action Taken Prior to Report:		