



Reporter

Current Date: _____ Current Time: _____
 Reporting Person (Optional): _____ Phone # (Optional): _____
 E-mail Address (Optional): _____ Students School: _____
 Targeted Student Name: _____ Gender: M F Grade: _____

Incident Description

Name(s) of school adult that has already been contacted (if any): _____
 Name(s) of Aggressor, Bully, Initiator (if known): _____
 Name(s) of witnesses (if any): _____
 What Date(s) / Time(s) did the incident happen (if known): _____
 Where did the incident happen? (Check all that apply): Classroom Locker Room Restroom
 Playground Hallway Lunch Room Sports Field Parking Lot School Bus
 Internet Cell Phone Off Campus On way to / from school
 Other: Please Describe: _____
 Check the box that best describes what the bully, aggressor, initiator did (Check all that apply):
 Hitting, kicking, shoving, spitting, hair pulling or throwing something at targeted student. Teasing, name calling, making mean or threatening comments.
 Making rude and / or threatening gestures. Spreading harmful rumors or gossip
 Excluding or rejecting the targeted student. Getting another person to hit or harm student.
 Making targeted student fearful, demanding money or exploiting.
 Other: Please Describe: _____
 Please describe any additional incident details: _____

 Was this / these event(s): Physical Electronic In-Person

Official Use Only

Received by: _____ Date Received: _____ Time Received: _____
 Action Taken *or* Unfounded Referred to: _____
 Victim's Guardian Contacted on (Date): _____ **Aggressor's** Guardian Contacted on (Date): _____
 Letter to **Victim's** Guardian on (Date): _____ Letter to **Aggressor's** Guardian on (Date): _____
 Compliance Officer Advised Date advised: _____ Time advised: _____
 Police Called Agency: _____ Officer: _____ Case #: _____
 Safety Services Officer ID: _____ Detail Code: _____ Clear Code: _____
 Victim's Name: _____ D.O.B. _____ Grade _____ Gender: M F
 Suspect 1 Name: _____ D.O.B. _____ Grade _____ Gender: M F
 Suspect 2 Name: _____ D.O.B. _____ Grade _____ Gender: M F