



Bullying Incident Report Form

Date: _____

School: _____

REPORTER

Name: _____

Grade: _____

OR

The reporter wishes to remain anonymous.

If you are a staff member reporting an incident or completing a form for a reporter (e.g. student, parent, etc.) please write your name below.

Staff Member Name: _____

ALLEGED VICTIM(S)

Name: _____

Grade (if applicable): _____

Name: _____

Grade (if applicable): _____

Name: _____

Grade (if applicable): _____

ALLEGED OFFENDER(S)

Name: _____

Grade (if applicable): _____

Name: _____

Grade (if applicable): _____

Name: _____

Grade (if applicable): _____

INCIDENT

Date of incident: _____

Location: _____

I witnessed the incident.

I heard about the incident from someone else.

Last revision: 11-24-14

