



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: 160 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