



BULLYING, HARASSMENT, DISCRIMINATION INCIDENT REPORTING FORM

1. **Name of Reporter/Person Filing the Report:** _____

(Note: The above line may be left blank if an anonymous report is being made. 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 (specify role)** _____

 _____ **Parent** _____ **Administrator** _____ **Other (specify)** _____

Your contact information/telephone number: _____

4. **If student, state your school:** _____ **Grade:** _____

5. **If staff member, state your school or work site:** _____

6. **Information about the Incident:**

Name of Target (of behavior): _____

Name(s) of Aggressor(s) (Person who engaged in the behavior):

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

If applicable, indicate the basis of the discrimination complaint:

____ Race ____ Color ____ National Origin ____ Sex ____ Disability ____ Age ____ Retaliation because of a report made

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. 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 attach an additional sheet if necessary.

9. **Signature of Person Filing this Report:** _____ **Date:** _____

(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

10: **Form Given to:** _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____

