
Incident Report Form

Date of Report:

Reporter's Name (Optional): _____ **Relationship to Victim (Optional):** _____

- Student _
- Staff
- Parent/Guardian
- Relative
- Other (Please specify): _____

Contact Information (Optional): Phone _____ Email _____

Name of Alleged Offender: _____ **Grade Level:** _____

If you don't know the alleged offender's name, please describe them:

Name of Victim: _____ **Grade Level:** _____

If you don't know the victim's name, please describe them:

Information about the Incident(s):

Date of Incident(s)

Time of Incident(s):

Location: *(Cafeteria, Hallways, Classroom, Online)*

Description of Incident. Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Name Calling | <input type="checkbox"/> Teasing/Taunting/Ridiculing | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Demeaning Comments | <input type="checkbox"/> Cyberbullying/Cyberstalking |
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Physical Violence (<i>e.g.</i> , hitting, kicking, shoving, pushing) | <input type="checkbox"/> Public Humiliation |
| <input type="checkbox"/> Social Exclusion | <input type="checkbox"/> Spreading Rumors | <input type="checkbox"/> Intimidation/Extortion |
| <input type="checkbox"/> Inappropriate touching | <input type="checkbox"/> Harassment due to race, sex/gender, disability, | <input type="checkbox"/> Other |
| <input type="checkbox"/> Threats (Physical or Otherwise) | | national origin, religion, etc. |
| <input type="checkbox"/> Spitting | | |

Describe the incident(s): Please provide as much information as you can and attach separate sheets if necessary:

List and attach any evidence of the incident (letters, texts, photos, etc.):

Any other information:

Name_____

Title_____

Date_____

Signature_____