

St. Peter Central Catholic School

Bullying Prevention And Intervention Incident Reporting Form

1. Name of Reporter/Person Filing the Report: _____
(Note: 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/Guardian ___ 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 _____

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6. Information about the Incident:
Name of Target (of behavior): _____
Name of Aggressor (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): _____

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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 use additional sheets of paper if necessary and attach them to this document.

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: _____ Date: _____
(Note: reports may be filed anonymously.)
10. Form Given to: _____ Postion: _____ Date: _____
Signature: _____ Date Received: _____