## BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

	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)   Other (specify)   Other (specify)					
You	r contact information/telephone number:					
<b>4.</b> ]	If student, state class Team: Grade:					
<b>5.</b> ]	If staff member, state your department:					
6	Information about the Incident					
Nan Nan	Information about the Incident:  ne of Target (of behavior):  ne of Aggressor (Person who engaged in the behavior):					
Nan Nan Dat	ne of Target (of behavior): ne of Aggressor (Person who engaged in the behavior): e(s) of Incident(s):					
Nan Nan Dat Tim	ne of Target (of behavior): ne of Aggressor (Person who engaged in the behavior): e(s) of Incident(s): ne When Incident(s) Occurred:					
Nan Nan Dat Tim	ne of Target (of behavior): ne of Aggressor (Person who engaged in the behavior): e(s) of Incident(s):					
Nan Nan Dat Tim Loc	ne of Target (of behavior): ne of Aggressor (Person who engaged in the behavior): e(s) of Incident(s): ne When Incident(s) Occurred:					
Nam Nam Dat Tim Loc	ne of Target (of behavior): ne of Aggressor (Person who engaged in the behavior): e(s) of Incident(s): ne When Incident(s) Occurred: ation of Incident(s) (Be as specific as possible):					
Nam Nam Dat Tim Loc	ne of Target (of behavior):					

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 space on back if necessary.

## FOR ADMINISTRATIVE USE ONLY

9.	Sign (Not	Signature of Person Filing this Report:(Note: Reports may be filed anonymously.)				
10:	: Form Given to:			sition:		
Sig				Date Received:		
	II.	INVESTIGATION				
	1. Investigator(s):			Position(s):		
	2.	2. Interviews:				
		□ Interviewed aggressor	Name:		_ Date:	
		☐ Interviewed target	Name:		_ Date:	
		□ Interviewed witnesses	Name:		_ Date:	
			Name:		_ Date:	
	3.	Any prior documented Incid	ents by the aggressor?	□ Yes	□ No	
		If yes, have incidents inv	volved target or target	group previously?	□ Yes	□ No
		Any previous incidents v	with findings of BULLY	YING, RETALIATION	□ Yes	□ No

**Summary of Investigation:**