

SSEC BULLYING 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

___ Administrator

___ Other (specify) _____

Your contact information/email//telephone number:

Phone: _____

Email: _____

4. If student, state your school/program: _____ Grade: _____

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

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): _____

*Immediate Safety / Transportation Required? If yes, specify where: _____

7. Witnesses (List people who saw the incident or have information about it and circle their title):

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 page if necessary.

9. Please comment regarding how this incident disrupted the educational process. Please attach an additional page if necessary.

10. Please describe any physical evidence including photos, text, drawings, or messages (phone, computer, etc.) Please attach an additional page(s) if necessary.

Signature of Person Filing this Report: _____

Date: _____

(Note: Reports may be filed anonymously and you do not need to sign.)

Form Given to: _____ Position: _____

Date: _____