



Tri-County Schools Bullying Prevention and Intervention 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 Parent Administrator

Staff member (specify role) _____ Other (specify) _____

Your contact information: Cell/Work Phone () _____ - _____ Home Phone () _____ - _____ Email Address _____ @ _____

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 of Aggressor (person who enacted behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____ AM PM

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

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 space on back, or attach a separate sheet, if necessary.

Please Note: Reports May Be Made Anonymously

Signature of Person Filing this Report: _____ Title/Position: _____ Date: _____

Form Given to (Name and Signature) _____ Title/Position: _____ Date: _____

Form Received By (Name and Signature) _____ Title/Position: _____ Date: _____