



Saint John School

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.)

Check whether you are: Target of the behavior **Reporter** (not the Target)

Check whether you are a: **Student** **Staff member** (specify role) _____

Parent/Guardian **Administrator** **Other** (specify)

Your contact information/telephone number: _____

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): _____

Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

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. _____

Signature of Person Filing Report: _____ **Date:** _____

(Note: Reports may be filed anonymously.)

Form Given to: _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____