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  ☐ Administrator  ☐ Other (specify)

Your contact information/telephone number: ____________________________________________

4. If student, state your school: ___________________________________________ Grade: ______
   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): _____________________________________________

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 if necessary.

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: ___________________________ Date: ______________
   (Note: Reports may be filed anonymously.)

10. Form Given to: _______________________ Position: ___________________ Date: ___________

    Signature: _____________________________ Date Received: _______________

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