

CHARMS COLLABORATIVE
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 the: _____ Target of the behavior _____ Reporter (not the target)

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

_____ Parent _____ Administrator _____ Other: _____

Your contact information/telephone number: _____

If student, which program? _____

If staff member, which program? _____

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 space on back if necessary.

Signature of Person Filing this Report: _____ Date: _____

(Note: Reports may be filed anonymously)

Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____