

Student Incident Reporting Form

A student may report conduct that is intimidating, threatening, abusive or harming by talking to an adult at school or completing this form and returning it to a teacher, adult supervisor or principal.

Name: _____ Grade: _____

Name of adult assisting student with filling out this form: _____

Tell what happened (circle all that apply):

Teasing Hitting or Kicking Gossip and rumors being spread Name Calling

Shoving or Pushing Cyber Bullying Other _____

Write down names of those you're concerned with or having problems with:

Write down everything you remember about the incident (1. Who said or did what? 3. What were your actions? 4. Was there anyone else who saw what happened? 5. Did you report it immediately to an adult; if so, who? 6. Do you have copies of abusive messages from social media sites or other evidence that you can provide?).

How many times has this happened (circle one):

1 time 2 times 3-5 times More than 5 times

Tell where it happened: (circle all that apply):

On a school bus At recess In the lunchroom On the way to/from school

At the bus stop In the hall In the classroom Other _____

Please sign your name: _____ Date: _____

For Office Use Only:

Time Received: _____

Date Received: _____

Received by: _____

Cc: _____ Student's Teacher _____ Cum File _____ Parent(s) _____ School Social Worker

Staff RESPONSE Form

Any staff member who receives a complaint, either verbally or in writing, or observes conduct that is intimidating, threatening, abusive or harming MUST complete this form and turn it into the building principal within 24 hours.

Staff Member: _____ **Date:** _____

Description of incident and/or results of intervention: _____

Remedial responses and/or Disciplinary measures taken by staff member (circle all that apply):

Mediation Session Verbal Warning Time-out
Phone can to parents Referred to Classroom teacher Referred to
Principal Referred to School Social Worker Other: _____

Additional steps and strategies implemented and /or recommendations:

For Office Use Only:

Time Received: _____ *Date Received:* _____

Received by: _____

Cc: _____ *Student's Teacher* _____ *Cum File* _____ *Parent(s)* _____ *School Social Worker*