

Westport Community Schools

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 Parent Other (specify) _____

Your contact information/telephone number: _____

4. If student, state your school: _____ Grade: _____

5. If other, state your school or work site: _____

6. Information about the Incident:

a. Name of Target (of behavior): _____

b. Name of Aggressor (Person who engaged in the behavior): _____

c. Date(s) of Incident(s); _____

d. Time When Incident(s) Occurred: _____

e. 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).