

**MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT  
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING  
FORM**

Name of Reporter/Person Filing the Report \_\_\_\_\_  
*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 (specify) \_\_\_\_\_

Your contact information/telephone number: \_\_\_\_\_

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**Information about the incident:**

Name of Target (of behavior) \_\_\_\_\_

Name of Aggressor(Person who engaged in 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 the names of the people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary.

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**FOR ADMINISTRATIVE USE ONLY**

Signature of Person Filing this Report \_\_\_\_\_ Date \_\_\_\_\_  
**(Note: Reports may be filed anonymously)**

Form Given to: \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date Received \_\_\_\_\_