

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 Administrator Staff Member (specify role) _____
 Parent Other (specify) _____

Your contact information/telephone number: _____

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**.

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 _____