



HILLTOWN COOPERATIVE CHARTER PUBLIC SCHOOL

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORT FORM

1. **Name of reporter/Person filing this 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. **Circle whether you are the:** Target of the behavior Reporter (not the target)

3. **Circle whether you are a:** Student Caregiver Staff Member Other

4. **If student, state your classroom and grade level:**

5. **If staff member, state your position:**

6. **Your contact information/telephone number:**

7. **Name of target (of behavior):**

8. **Name of aggressor (Person who engaged in the behavior):**

9. **Date(s), times(s), location(s) of incident(s)** (Be as specific as possible):

10. **Witnesses** (People who saw the incident) or have information about it):

Name: Student Staff Other

Name: Student Staff Other

Name: Student Staff Other

11. **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 if necessary.

12. **Date of report:**

13. **Form given to** (Name, Position):

14. **(For official use only) Date received:**