

**EVERETT PUBLIC SCHOOLS
INCIDENT REPORTING FORM**

1. Name of Reporter/Person Filing the Report: _____

This line may be left blank if an anonymous report is being made

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

Your contact information/telephone number: _____

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

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

6. Information about the Incident:

Name of Target (of behavior): _____

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

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

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). Please use space on back if necessary.

9. Signature of Person Filing this Report: _____ Date: _____

(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

Please check one: This incident is a matter of

Bullying **Title II** **Title VI** **Title IX**
(Special Education) (Harassment) (Civil Rights)

10: Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____