

Instructions: Complete this form, responding only to the questions that you feel comfortable answering and are able to report accurately. Submit this form to the principal or other school employee. This form may be completed by the person reporting the incident or by the school employee to whom the incident is being reported.

Person Reporting the Incident:	Date of Report:
Person Reporting the Incident: <input type="radio"/> Student <input type="radio"/> Parent/Guardian <input type="radio"/> School Employee <input type="radio"/> Chaperone	

Description of Incident (Include the names of those involved and as much detail as possible: what, where, when, how, etc.)

Check all that apply. Bullying was on the basis of:

race or ethnicity
 religion
 disability
 sex (sexual harassment)
 LGBTQ
 other _____

List Name(s) of any witnesses to the incident.

I agree that the information on this form is accurate and true to the best of my knowledge.

Signature of Person Filing Report	Date
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Received by:

Name	Position	Date
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