STUDENT INCIDENT REPORT FORM

Name of Person Filling out report: ____________________________________________ Grade: ______

Names of those involved: ___________________________________________________________

Witnesses: _________________________________________________________________________

Date and Approximate Time of Incident: _____________________________________________

Where did the incident occur? ___________________________________________________________________

Describe, to the best of your ability, the incident:

__________________________________________________________________________________________

__________________________________________________________________________________________

Signature of person writing statement ___________________________ Date ________________

Rev: 8/13, 1/14
## Incident Response

<table>
<thead>
<tr>
<th>Determined to be… (circle one)</th>
<th>If Bullying/Harassment (circle type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying/Harassment</td>
<td>Physical  Social  Emotional  Cyber  Sexual  Other</td>
</tr>
<tr>
<td>Conflict</td>
<td>Bullying on the basis of (circle if applicable)</td>
</tr>
<tr>
<td>Other</td>
<td>Sex  Disability  Race/color/national origin  Other</td>
</tr>
</tbody>
</table>

Outcome:

Please turn in the original report to the counseling office to be filed.