

## Lower Merion School District Report of Incident

Complete this form if you have information regarding an incident of concern. Please type or print clearly. Use reverse side or attach pages if additional space is needed.

BACKGROUND INFORMATION					
NAME OF INDIVIDUAL REPORTING INCIDENT:					
I AM A	□ STUDENT	□ TEACHER	SUPPORT STAFF	□ OTHER (SPECIFY):	
BUILDING (WHERE INCIDENT IS REPORTED):					
			O IS INVOLVED?		
coach, etc			. names, grade (n known), a	nd position (e.g., student, teacher,	
		- <b>f</b> + h =			
	eacher, coach, etc.).	of the concerning be	navior? List names, grade (	if known), and position (e.g.,	
		WH	AT HAPPENED?		
WHERE d playgrour		r? Be as specific as p	oossible (e.g., classroom nur	mber, hallway/floor, cafeteria,	
WHEN die	d the incident(s) occur	? Be as specific as po	ossible including both date a	and time.	
Describe	in detail <b>WHAT</b> happe	ned.			
Were the	re any WITNESSES?	] Yes or 🗆 No. Provi	de their name(s) and conta	ct information.	
List and a	ttach any additional of	vidence of the const	orning behavior (o.g. lottor	s, texts, emails, photos, etc.)	
	ttach any additional e		time behavior (e.g., letters	, iekis, emans, photos, etc.)	

## Administrative Regulation 235-2 Attachment E

Have you completed an incident report form or otherwise reported bullying or harassment by this person before? **Yes** or **No** 

If so, when (note each time if multiple times)? \_\_\_\_\_\_

To whom did you make or submit your report(s)? \_\_\_\_\_\_

## PLEASE USE THE SPACE BELOW TO PROVIDE ADDITIONAL INFORMATION IF NEEDED

I agree that the information I provided above is true, accurate, and complete.				
PRINT NAME and DATE	SIGNATURE			

This report will be investigated in a timely manner. If you fear that you or another individual is in IMMEDIATE danger, contact a principal, assistant principal, guidance counselor, or the police.

FOR OFFICE USE ONLY					
School/Building	Date				
Investigator's Name/Title					
Incident #					

Finding