EASTERN
CENTER FOR ARTS AND TECHNOLOGY

Bullying Incident Report

Name of Reporting Person: _____

Name of Victim(s): _____

Date and Time of Incident: _____

Program/Session of victim: _____

High School of victim: _____

High School Counselor of victim: _____

Description of Incident
(Include names of those involved and specific details: what, where, when, how, who etc.):

List the names of any witnesses to this incident:

Did your report the incident at EASTERN? (When, to whom)

Did your report the incident at your high school? (When, to whom)

Is this your first incident of bullying?

Signature: _____

Please return to Supervisor of CTE