

GAINESVILLE ISD

Exhibit A — Incident Report Form (Student)

Student's name (*optional*): _____

Date: _____

Details of the incident(s)

Name of student(s) the incident happened to: _____

Name(s) of student(s) alleged to have caused the incident(s):

Date of the incident: _____

Time of the incident: _____

Location of the incident: _____

If the incident is alleged to have occurred on District property, identify the facility or campus:

Name(s) of anyone else who knows about what happened:

Describe what happened: (*Attach additional pages if needed*)

Student's signature (*optional*): _____

Date: _____

Received by: _____

Date: _____

For District's Internal Use Only

Confirmation of parent notification regarding allegation

Note to administrator: Notice to the parent or guardian of the alleged victim is required within three business days of the reporting of the incident.

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Notification provided to the parent or guardian of alleged victim:

Parent's or guardian's name: _____

Date of notification: _____

Method of notification: _____

Note to administrator: Notice to the parent or guardian of the student(s) alleged to have engaged in bullying is required within a reasonable time after the incident is reported.

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Notification provided to the parent or guardian of student(s) who allegedly engaged in bullying:

Parent's or guardian's name: _____

Date of notification: _____

Method of notification: _____