

## Student Incident Report Form 2017-2018

Your Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date of the alleged incident: \_\_\_\_\_

Name of student(s) subjected to the incident: \_\_\_\_\_

Name of person(s) involved: \_\_\_\_\_

Summarize the incident(s) as accurately as possible. Use the back of this sheet if needed:

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Name(s) of any witnesses: \_\_\_\_\_

Have you reported this to anyone else? If so, who? \_\_\_\_\_

\*Please circle which behavior you feel this falls under?

CONFLICT	RUDE	MEAN	BULLYING
Occasional	Occasional	Once or Twice	Frequent; <b>repeated</b>
Not planned; in the heat of the moment	Spontaneous; unintentional	Intentional	Planned; <b>intentional</b>
All parties are upset	Can cause hurt feelings; upset	Can hurt others deeply	The target of the bullying is upset
All parties want to work things out	Based in thoughtlessness, poor manners or narcissism	Based in anger; impulsive cruelty	The bully is trying to <b>gain control</b> over the target
All parties will accept responsibility	Rude person accepts responsibility	Behavior is often regretted	The bully blames the target
An effort is made by all parties to resolve the problem	--	--	The target wants to stop the bully's behavior, but the bully does not
Can be resolved through mediation	Building social skills could be of benefit	Needs to be addressed; should NOT be ignored	CANNOT be resolved through mediation

\*\*Student Signature: \_\_\_\_\_

**For DISTRICT OFFICE Use:**

Date received by Principal: \_\_\_\_\_

Investigative Action taken: \_\_\_\_\_

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Result of Investigation/Action taken:

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Signature of Principal: \_\_\_\_\_

Date Completed: \_\_\_\_\_