

**SECONDARY BULLYING INCIDENT REPORT FORM**

1. Name of Reporter/Person Filing the Report: \_\_\_\_\_
  
2. Check whether you are the:     Target of the behavior     Reporter (not the target)
  
3. Check whether you are a: Student \_\_\_\_\_ Grade \_\_\_\_\_ Staff member (specify role) \_\_\_\_\_  
Parent \_\_\_\_\_ Administrator \_\_\_\_\_ Other (specify) \_\_\_\_\_
  
4. Information about the incident:  
  
    Name of Target (of behavior) \_\_\_\_\_  
  
    Type:     Verbal     Physical     Cyberspace/Online     Harassment  
             Indirect     Social  
  
    Name of Aggressor : \_\_\_\_\_  
  
    Relationship of Target to Aggressor: \_\_\_\_\_  
  
    Date(s) of Incident(s): \_\_\_\_\_
  
5. Witnesses (List people who saw the incident or have information about it):  
  
    Name: \_\_\_\_\_ Student \_\_\_ Staff \_\_\_ Other \_\_\_  
    Name: \_\_\_\_\_ Student \_\_\_ Staff \_\_\_ Other \_\_\_  
    Name: \_\_\_\_\_ Student \_\_\_ Staff \_\_\_ Other \_\_\_

Description of Incident:

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Signature of Person Filing this Report: \_\_\_\_\_ Date \_\_\_\_\_