

**GLOUCESTER PUBLIC SCHOOLS
INCIDENT REPORTING FORM**

Directions: If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged aggression or bullying, complete this form and return it to the Principal or Assistant Principal at the student's school. **All school employees are required to report alleged violations.** Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.

Name of reporter/person filling the report: _____ Today's date: _____

Check whether you are a: Student, Parent/Guardian, School Staff Member, Other (specify) _____

Reporter's Phone #: (____) _____ Reporter's E-mail (optional) _____

If reporter is a student, state your school and grade: _____

If reporter is a school staff member, state your school or worksite: _____

INFORMATION ABOUT THE INCIDENT:

Name of Alleged Target/Victim: _____ School Attending: _____ Grade: _____

Name of Alleged Aggressor: _____ School Attending: _____ Grade: _____

Date(s) & time(s) of incident(s) – include month, day, year: _____

Location(s) of incident(s) – please be specific: _____

Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Place an X next to the statement(s) that best describes what happened (choose all that apply):

- | | | | | |
|---|---------------------------------------|--|---|--|
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Threat | <input type="checkbox"/> Stalking | <input type="checkbox"/> Theft | <input type="checkbox"/> Cyberbullying |
| <input type="checkbox"/> Social exclusion | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Physical violence | <input type="checkbox"/> Public humiliation | |

If any of the words or actions of the alleged aggressor were based on the following check all that apply:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> race or ethnicity | <input type="checkbox"/> sex | <input type="checkbox"/> sexual orientation | <input type="checkbox"/> disability | <input type="checkbox"/> religion or creed |
| <input type="checkbox"/> pregnancy | <input type="checkbox"/> marital status | <input type="checkbox"/> national origin | <input type="checkbox"/> parental status | |

Describe the incident(s) including names of people involved, what occurred and what each person did and said, including specific words used. Please use additional space on back, if necessary.

Signature of Person Filing this Report: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Form given to: _____ Position: _____

Signature of Person Receiving Form: _____ Date Received Form: _____