

Paulo Freire Social Justice Charter School

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORT INFORMATION

Name of Reporter/Person Filing the Report: _____

Report Anonymously Filed

Reporter is Target? YES NO

Reporter is Student Staff member (specify role) _____
 Parent Administrator Other (specify) _____

Your contact information/telephone number: _____

Information about the Incident:

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

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

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

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

FOR ADMINISTRATIVE USE ONLY

Incident Report Received by: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____