

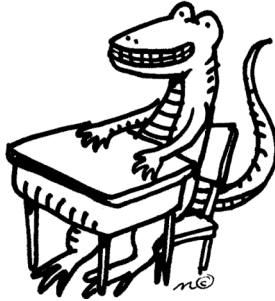
Incident Report

Name of Person Reporting: _____ Room: _____

Today's Date: _____ Date & Time of Incident: _____

TYPE OF INCIDENT

- Safety Concern
- Bullying/Harassment
 - o Verbal
 - o Physical
 - o Relational (exclusion)
 - o Cyberbullying
- Drug/Alcohol
- Threat
- Other



LOCATION OF INCIDENT (Be specific)

- School grounds, outside _____
- School grounds, inside _____
- Online _____
- Other _____

PERSON'S INVOLVED OR AFFECTED

DESCRIPTION OF INCIDENT (Use back for more space)

HAVE YOU REPORTED THIS INCIDENT BEFORE?

- No
- Yes, once When? _____
- Yes, more than once To whom? _____

Note: Each incident will be dealt with on an individual basis

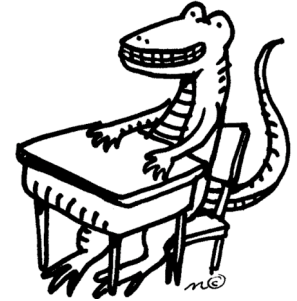
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