

Did anyone witness this incident? If so, list their first and last name. _____

What was your/targeted student's response to this situation? _____

How has this incident affected you/targeted student at school? _____

Were you/targeted student physically harmed during this situation? If so, how? _____

Is there anything else we need to know about this situation? _____

Signature of Person Reporting

Date

Office Use Only - Student Services Department
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Notes: _____

Director of Student Services

Date