

# Incident Report Form



This form should be used to report bullying or other acts EXCLUDING [Discrimination/Harassment Complaint](#).

Date/Time of Incident:	Student Name (Displaying Behavior):
<p>*Alleged Bullying Event: <input type="checkbox"/> Yes (Parents of all involved are contacted) <input type="checkbox"/> No (Other type of event)</p> <p><i>*Bullying: Deliberate or intentional behaviors using words or actions, intended to cause fear, intimidation, or harm. Bullying includes aggressive and hostile behavior that is intentional and involves an imbalance of power between the bully and the bullied, and is behavior that is repeated rather than an isolated incident.</i></p>	
If not bullying, name other type of event (Please describe):	
Student Name (Target of Behavior):	Location of Incident:
Incident Description:	
Witness to Incident:	Teacher (if known):
Witness to Incident:	Teacher (if known):
Person Submitting Form (Optional, GBAPSD Employee must print name):	Report Date:
<input type="checkbox"/> Anonymous <input type="checkbox"/> Staff Member <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Community Member <input type="checkbox"/> Other:	
Provide form to the school's Student Services Department or administrator.	
Date Received:	Received By (Name/Title):
Notes:	