



Names of students involved: _____ _____ _____ _____
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Student / Community Member's Unpleasant Incident Report

Day/Date: _____

Reported by (Please circle)

Name: _____

Student Bystander Staff member Parent Someone else

Reported to: _____

What Happened (Include time, place, events and names)

Reporter's Statement:

Names of Bystanders or Possible Witnesses: (If any)

School Follow-up:

Signed: _____
Principal/ Assistant Principal

Date: _____