Names of students involved:

_____

_____

_____

_____

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: _____ Date: _____

Principal/ Assistant Principal