

**HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
BULLYING PREVENTION AND INTERVENTION
INCIDENT REPORTING FORM**

(Note: Anonymous reports will be investigated but no disciplinary action will be taken solely on the basis of an anonymous report)

Name of Person Filing Report (NOT REQUIRED):	
Check whether you are the:	<input type="checkbox"/> Target of the behavior <input type="checkbox"/> Reporter (not the target)
Check whether you are a:	<input type="checkbox"/> Student <input type="checkbox"/> Staff Member (Specify) _____ <input type="checkbox"/> Parent <input type="checkbox"/> Administrator <input type="checkbox"/> Other (Specify) _____
Your contact information/telephone number (NOT REQUIRED):	
If a student, state your school and grade:	School _____ Grade _____
If a staff member, state your school or work site:	School/Work Site _____
Information about the Incident	
Name of Target (of behavior):	
School and Grade of Target:	School _____ Grade _____
School and Grade of Aggressor:	School _____ Grade _____
Date(s) of Incident(s):	
Time When Incidents Occurred:	
Location of Incident(s) (Be as specific as possible):	
Is there an online component of this incident? If so, please describe:	
Witnesses – List people who saw the incident or have information about it:	
Describe the details of the incident (including names of people involved, what occurred, and what each person said and did, including specific words used). (Attach another sheet if necessary)	