



PARENTS

Name of school: _____

Date of incident: _____

Time: _____

Name of person reporting incident: _____

Female

Male

Phone number where you can be reached: (____) _____

Alleged victim

Last name, first name: _____

Female

Male

Group/Class: _____

Physical injury:

None

Minor

Severe

Alleged aggressor

Last name, first name of aggressor: _____

Female

Male

Phone number where you can be reached: (____) _____

Level, Group/Class: _____

Last name, first name of student accomplice(s), if applicable:

Witness(es)

Last name, first name of witnesses:

Nature of incident

Of a physical nature

Physical assault with fists or bare hands (fighting, punching, etc.)

Theft, extortion, threats (taxing)

Physical assault with a firearm, knife, stick, chain, etc.

Other (specify): _____

Of a moral or psychological nature

Humiliating

Ridiculing, putting down

Harassing, hounding

Denigrating, mocking

Insulting, scolding

Blackmailing

Other (specify): _____

Related to security

Overall threat to anyone at school

Carrying a firearm, knife, etc.

Raising false alarms (bomb threat, fire)

Other (specify): _____

Related to social activity

Excluded, isolated, ignored

Ruining or damaging a reputation

Spreading rumors, gossip

Other (specify): _____

