

# מב"מ Maimonides School

## BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Date: \_\_\_\_\_

1. Name of Reporter/Person Filing the Report: \_\_\_\_\_

*(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)*

2. Check whether you are the:  Target of the behavior  Reporter (not the target)

3. Check whether you are a:  Student (*specify grade*): \_\_\_\_\_

Staff member (*specify role*): \_\_\_\_\_  Administrator

Parent  Other (*specify*): \_\_\_\_\_

4. Your contact information: Phone \_\_\_\_\_

Email \_\_\_\_\_

5. Information about the Incident:

Name of Target (*of behavior*): \_\_\_\_\_

Name of Aggressor (*person who engaged in the behavior*): \_\_\_\_\_

Date(s) and Times of Incident(s): \_\_\_\_\_

Location of Incident(s) (*be as specific as possible*): \_\_\_\_\_

6. Witnesses (List people who saw the incident or have information about it):

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

7. Describe the incident (*include the names of people involved, what occurred, and what each person did and said, including the specific words used*). Please use additional space on back if necessary.

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