Aggressive Behavior Incident Report Form

Name of Person completing this form:

Date of Report:

**WHO was involved:**

Victim(s):

Bully(ies):

Others who may have witnessed the incident or may have knowledge of the incident:

**WHERE did the incident take place?**

**WHEN did the incident take place?**

**WHAT happened? (Please be as specific as possible):**

Thank you. This report will be followed up within 2 school/work days.
If you fear a student is in IMMEDIATE danger, please contact the police immediately!

*Remember: False accusations of bullying or harassment will be subject to appropriate disciplinary action.*