SPRINGFIELD INTERNATIONAL CHARTER SCHOOL

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Name of Reporter/Person Filing the Report:_____ Date:_____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely based on an anonymous report)

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

Check whether you are a:

☐ Student ☐ Staff member (specify role)_____☐Parent ☐ Administrator ☐ Other (specify) _____

Your contact information: email _____and telephone number_____

If student, state grade:_____

Information about the Incident:

Name of target (of behavior) *(Victim)*: _____

Name of aggressor (person who engaged in the behavior) *(Bully):* _____

Date(s) of incident(s): _____ Time when incident(s) occurred: _____

Location of incident(s) (be as specific as possible): _____

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

Name: ☐ Student ☐ Staff ☑ Other: _____

Name: ☐ Student ☐ Staff ☑ Other: _____

Name: ☐ Student ☐ Staff ☑ Other: _____

Describe the details of the incident (including names of people involved, what occurred and what each person did and said, including specific words used). *Please attach additional if necessary.*

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Describe the details of the incident continued:

Check box if the target has been harassed due to membership in a protected class such as (mark as appropriate):

☐Race/color ☐Religion ☐Gender ☐Gender Identity ☐National origin ☐Disability ☐Sexual Orientation ☐Citizenship status

If the box is checked, please identify the protected class, report to the Civil Rights/ Title IX Coordinator, and follow protocols for response.

Signature of person filing this report: _____Date: _____

Completed forms may be submitted to the Principal for your child's grade level.

***** FOR ADMINISTRATIVE USE ONLY *****

Signature of person receiving this report: _____Date: _____