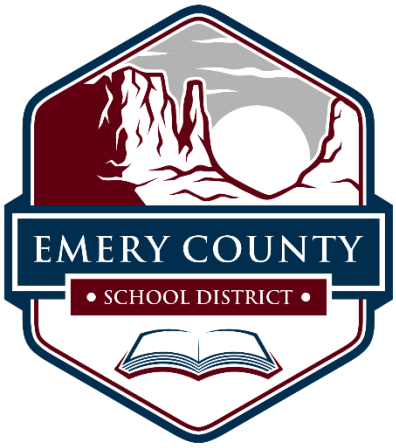

BULLYING: INCIDENT REPORT

A Utah State Board of Education Technical

Assistance Document

INCIDENT REPORT FORM

Date of Report:

REPORTER INFORMATION

Name of Reporting Party: (Leave blank if anonymous)

I am a: (place an X in the appropriate box)

- ☐ Student or Parent/Caregiver
- ☐ Teacher/Staff
- ☐ Volunteer

Contact Information:

Name:

Email:

Phone number:

INCIDENT INFORMATION

Name of alleged offender (if known):

Date(s) of Incident(s):

Location(s) of Incident(s):

Description of Incident(s):

Witnesses (if any):

Submission Process: Upon submission, a Designated Administrator will review the report to determine if it falls under school district authority and policy. An investigation will follow, including evidence gathering and interviews. Based on findings, interventions or disciplinary actions may be taken. All parties will be notified of the outcome, and records will be maintained and kept confidential.