



CHEVERUS SCHOOL  
A Superior Education.

**BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM**

**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.)*

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

**Check whether you are a:**     **Student**     **Staff member** (specify role) \_\_\_\_\_  
 **Parent/Guardian**     **Administrator**     **Other** (specify) \_\_\_\_\_

**Your contact information/telephone number:** \_\_\_\_\_

**Information about the incident:**

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

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

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 use additional sheets of paper if necessary and attach them to this document.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Person Filing Report:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Note: Reports may be filed anonymously.)*

**Form Given to:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_