

BRYAN CITY SCHOOLS

BULLYING INCIDENT REPORTING FORM

1. Name of Reporter/Person Filing the Report: _____

2. Check whether you are a: Student Parent Other (specify)_____

Staff Member (specify role): _____

3. Your preferred contact information, including email and/or phone (optional):

4. Information about the Incident:

a. Name of Individual(s) Targeted by the Behavior: _____

b. Name of Aggressor(s): _____

c. Date(s) and Time(s) when Incident(s) Occurred: _____

d. Location(s) where Incident(s) Occurred (ex. at school, on the bus, at an extracurricular activity): _____

5. Please describe any safety concerns that you may have during the investigation:

