

**Champlain Valley Educational Services  
Incident Report Form**

Your name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Who is bullying you? \_\_\_\_\_ (If you don't have the name, that's OK)

How often has this person harassed or bullied you? \_\_\_\_\_

How did this make you feel (eg: angry, embarrassed, fearful, etc...)? \_\_\_\_\_

\*If you are a witness, who was the target of this incident? \_\_\_\_\_

Who was the aggressor? \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did it happen? \_\_\_\_\_

Where did it happen? \_\_\_\_\_

Did the harassment involve physical contact?      Yes   or   No

If so, please describe:

\_\_\_\_\_

Did anyone else witness this incident? Name or description: \_\_\_\_\_

Do you have evidence of this harassment? (texts, voicemails, Facebook/twitter posts) \_\_\_\_\_

Have there been other incidents of harassment by this person? Yes   or   No

Has this incident or any other incidents been previously reported? Yes   or   No

If so, to who? \_\_\_\_\_

Did anyone assist you with this report? If yes, who? \_\_\_\_\_

*I certify that all statements on this form are accurate and true to the best of my knowledge.*

\_\_\_\_\_ *signature*

**\*\*Please take a Student Handout**