

**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**