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**