

Montana Office of Public Instruction Harassment/Bullying/Intimidation Model Incident Reporting Form

Disclaimer:

The following Model Incident Report Form (form) is provided by the Montana Office of Public Instruction to be used by school districts at their discretion. Using portions or the entirety of this form is not mandatory. This form is to be used only as a tool to facilitate the enforcement of school district bullying policy and the Montana Office of Public Instruction encourages each school district to develop a form based on the unique characteristics of that district.

_____ SCHOOL DISTRICT: BULLYING/HARASSMENT/INTIMIDATION INCIDENT REPORTING FORM

This form is to be used to report incidents of bullying/harassment/intimidation. False reporting is prohibited.

I, _____, was a target of/witness to/received a report of (circle one) a bullying incident.

I am a: student teacher parent other (please specify) _____

The incident took place:
on school property at a school sponsored event on a bus or other school vehicle
off school property (describe where) _____
other _____

Describe in detail the incident, including location, any injuries or damage to property, etc. (Use back of form if necessary)

Was this an isolated incident? Yes No

If "No," how many other incidents have there been? _____

Date and description of incident: _____

Aggressor Information: _____

The aggressor was:
a student a teacher other (please specify) _____

Aggressor's name, grade (if known): _____

Other affected Students (Please indicate whether witness, bystander, or target):

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

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Continued

Name: _____ Grade: _____

Other(s) _____

of Person Filling out Report Date _____ Signature

Printed Name of Person Filling out Report

For Administrative Use Only

Signature of Person Receiving Form Date: _____ Time: _____

Incident assigned for investigation to: _____

By _____ Title: _____

Date: _____ Time: _____

Signature of School Administrator

Signature of Person Assigned to Investigate

Date

