Montana Office of Public Instruction
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/INTIMIDATION INCIDENT REPORTING FORM

This form is to be used to report incidents of bullying/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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Name: ____________________________ Grade: __________________

Other(s) ____________________________________________

______________________________ Signature of Person Filling out Report
of Person Filling out Report

______________________________ Date

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