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 fo	rm is to be use	ed to report incide	nts of bullying/i	ntimidation. False rep	porting is prohibited.	
I.				. was a target of/w	itness to/received a report of (circle one) a	
bullyin	inness to, received a report or (entire one) a					
I am a:						
		teacher	parent	other (please sp	pecify)	
The inc	cident took pla					
	on school pr				on a bus or other school vehicle	
	otner					
					property, etc. (Use back of form if necessary	
Date a	nd descriptior	of incident:				
	ssor Informatio	on:				
	a student	a teacher	other (pleas	se specify)		
Aggres	ssor's name, gr	rade (if known):				
Other a	affected Stude	ents (Please indicat	e whether witne	ess, bystander, or targ	et):	
Name:					Grade:	
Name:					Grade:	
Name:					Grade:	
Name:					Grade:	

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

Name:		Grade:			
Other(s)					
of Person Filling out Report		Date	Signature		
Printed Name of Person Filling out Report					
Fo	r Administr	ative Use Only			
Signature of Person Receiving Form	Date:	Time:			
Incident assigned for investigation to:					
Ву	Title:				
Date:		Time:			
Signature of School Administrator		<u></u>			
Signature of Person Assigned to Investiga	ate				
Date					