Lenox Bullying Prevention & Intervention Incident Reporting Form
Form A

Today's date: _____/_____/_____

Person(s) Reporting**:** _____ Telephone: _____-_____-_____

Cell Phone: _____-_____-_____ E-mail: _____

Place an **X** in the appropriate box:
☐ Student ☐ Student (witness/bystander) ☐ Parent/Guardian ☐ School Personnel ☐ Other

Name of target(s): _____ Grade: _____
(Please print)

Name of alleged Aggressor: _____ Grade: _____

Type of alleged incident: Bullying ☐ , Retaliation ☐

School: ( ) Morris Elementary ( ) Lenox Memorial ( ) Other _____

Date the incident occurred. _____/_____/_____ _____/_____/_____ _____/_____/_____

	Mo./Day/Year	*Mo./Day/Year*	*Mo./Day/Year*
Time of incident:	_____	_____	_____
Location (be specific): :	_____	_____	_____

Briefly describe what happened:

_____
_____
_____
_____
_____
_____
_____
_____
_____.

Witnesses (list people who saw the incident or have information about it):

Name:_____ ( ) Student ( ) Staff ( ) Other_____

Name:_____ ( ) Student ( ) Staff ( ) Other_____

Name:_____ ( ) Student ( ) Staff ( ) Other_____

_____ _____/_____/_____
SIGNATURE *DATE*

Please submit this form to your building principal.
Under law, this form can be completed anonymously.