

South Burlington High School Bullying Incident Report Form

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of Incident: _____

-please continue on the back if you need more space-

Name(s) of Perpetrator(s), if known: _____

This is an **anonymous** report, so **you are not required to include your name** or the name of the victim if you choose not to. Knowing the name of the victim, the reporter, or any witnesses helps us investigate the incident as thoroughly as possible, so please include this information if you feel comfortable doing so. All names submitted below will remain confidential.

OPTIONAL--Name of victim(s): _____

OPTIONAL--Name of reporter: _____

OPTIONAL--Name(s) of other witnesses: _____

Please give your completed report form to Mr. Phillips or Ms. Weaver, or you may leave it with Mrs. Stevenson in the attendance office & she will pass it on to an administrator.

Date Received: _____