

Taylor Middle School Student Incident Report Form

Reporting Person (OPTIONABLE): _____

Incident Details:

Date: _____ Time: _____ Location: _____

Student Affected: _____ Grade: _____

Student(s) Initiating Incident:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Witness: _____

Witness: _____

Type of Alleged Harassment:

Racial Sexual Religious Other: _____

Yes, this is a repeated offense. No, this is a one-time incident.

Check all the spaces below that apply. Inappropriate behaviors include:

<input type="radio"/> Gesture, written, or verbal expression	<input type="radio"/> Verbal fight <input type="radio"/> Written or verbal threat <input type="radio"/> Written note <input type="radio"/> Written or verbal rumors <input type="radio"/> Seclusion <input type="radio"/> Embarrassing the student <input type="radio"/> Other: _____
<input type="radio"/> Physical Act	<input type="radio"/> Physical fight <input type="radio"/> Physical injuries <input type="radio"/> Other: _____

