

HULL PUBLIC SCHOOLS

STUDENT PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Please complete this form to report an incident involving students. Forms may be returned to the main office at any school.

1. Name of person filing the report _____

(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)

2. Date of filing report _____

3. Check whether you are the _____ Target of the behavior
_____ Not the target

4. Check whether you are a
_____ Student (identify school) _____
_____ Staff or administration member (specify role & worksite location) _____
_____ Parent
_____ Other (specify) _____

Your contact information/telephone number _____

INFORMATION ABOUT THE INCIDENT

5. Name(s) of student(s) involved

1

2

3

4

6. Date of Incident _____ Time When Incident Occurred _____

7. Location of Incident (Be as specific as possible) _____

8. Witnesses (List people who saw or who might have information about the incident.

Circle the word(s) that best describes each witness.)

Name _____ Student Staff Other _____

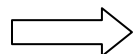
Name _____ Student Staff Other _____

Name _____ Student Staff Other _____

9. Please use space on the back to describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used).

10. Signature (optional) _____ Date _____

TURN OVER



Describe the details of the incident including names of people involved, what occurred, and what each person did and said, including specific words used.

FOR ADMINISTRIVE USE ONLY

Received by _____ Position _____ Date_____