Swansea Public Schools
Bullying / Harassment / Aggression
INCIDENT REPORTING / COMPLAINT FORM

1. Name of Reporter / Complainant: ________________________________

2. Check whether you are the:
   Target (of the behavior): ☐   Reporter (not the target of the behavior): ☐

3. Check whether you are a: ☐ Student ☐ Staff Member ☐ Other (specify) ____________
   ☐ Parent ☐ Administrator

3A. Provide Your Contact Information / Tel. No.: ________________________________

4. Name of School: ________________________________     Grade: _________

5. Information about the Incident: Check Whether:
   Name of Target (of behavior): ________________________________ ☐ Student ☐ Staff ☐ Other
   Name of Subject of Report / Complaint: ________________________ ☐ Student ☐ Staff ☐ Other
   Date of Incident: ___________________     Time of Incident: ________________
   Incident Location (be as specific as possible): ________________________________

6. Witnesses: (List people who saw the incident or have relevant information about the incident):
   Name: ___________________________ ☐ Student ☐ Staff Member ☐ Other____________
   Name: ___________________________ ☐ Student ☐ Staff Member ☐ Other____________
   *Continue on back of form, if necessary. *

7. Describe the details of the incident (the names of person involved, what occurred, and what each person did and said, including specific words used; use additional paper, if necessary):

8. To your knowledge has this incident occurred before: ☐ Yes ☐ No

9. Signature of Reporter / Complainant: ________________________________     Date: _________

10. Form Provided to: ________________________________ Position: _________     Date: _________
    Signature: __________________________________________________________     Date: _________
    Received By: ______________________________________________________________________________