

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: _____