

Woodstock Middle School
147b Route 169
Woodstock, CT 06281

Incident Reporting Form

Today's Date: _____

Who is making the report (check one)

- Student Report
- Staff Member Report
- Parent/Guardian Report

Name (optional) _____
Name _____
Name _____

What happened and to whom:

Date(s) and Location (s) of the incident:

Names of Potential Witnesses:

For Staff Use Only:

Action of

Reporter: _____

Administrative Investigation

Notes: _____

Bullying Verified? YES NO

Remedial Action(s)

Taken: _____

If Bullying Verified, has notification been made to parents of students involved?

Parents' Name(s) _____ Date _____

Parents' Name(s) _____ Date _____

Parents' Name(s) _____ Date _____

Parents' Name(s) _____ Date _____

Parents' Name(s) _____ Date _____