COLVILLE SCHOOL DISTRICT INCIDENT REPORTING FORM
(POLICY NO. 3207 – PROHIBITION OF HARASSMENT, INTIMIDATION, OR BULLYING)

BRIEFLY DESCRIBE WHAT HAPPENED, INCLUDING:

- **WHO WAS INVOLVED**
- **WHEN AND WHERE INCIDENT HAPPENED**
- **WHAT YOU DID AT THE TIME OF THE INCIDENT**

NAME: _____ **DATE:** _____

INCIDENT DESCRIPTION:

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SIGNED: _____

AFTER COMPLETION, SUBMIT INCIDENT REPORTING FORM TO YOUR BUILDING PRINCIPAL.

Resolution of the Incident/Investigation/Discipline Imposed (If applicable): _____

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