

**VBPS**

**INCIDENT REPORTING FORM**

Directions: The Van Buren Public Schools is committed to providing a safe environment for all members of our school community. Despite our best intentions, incidents between students do occur at times. If you wish to report an incident between two or more students, complete this form and return it to the main office at the student's school. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. Parents of aggressors and targets will be contacted in every case of conflict reported.

Date of report:			
Name of student target:	Age:	Grade:	School:
Name(s) of alleged aggressor(s) (If known):	Age:	Grade:	School:

Name(s) of witness(es) (If known):

Where did the incident(s) happen (choose all that apply)?

<input type="checkbox"/> In a classroom	<input type="checkbox"/> In a school hallway or bathroom	<input type="checkbox"/> Online/via technology
<input type="checkbox"/> On a school bus	<input type="checkbox"/> Walking to/from school	<input type="checkbox"/> Other: _____
<input type="checkbox"/> In the lunchroom	<input type="checkbox"/> At a school-sponsored activity or event	

What best describes what happened (choose all that apply):

<input type="checkbox"/> Teasing	<input type="checkbox"/> Threat	<input type="checkbox"/> Stalking	<input type="checkbox"/> Theft/Property Damage
<input type="checkbox"/> Social exclusion	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Physical violence	<input type="checkbox"/> Public humiliation
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Other: _____	

Explain the actions of both parties in this incident. (Include dates. Attach a separate sheet if necessary.)

Did a physical injury result from this incident?

No       Yes, but it did not require medical attention       Yes, and it required medical attention

Is there any additional information you would like to provide? (Attach a separate sheet if necessary.)

Name Of Person Reporting Incident (optional if not a staff member):

Telephone (optional): \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Place an X in the appropriate box:  Student     Parent/Guardian     Staff Member:     Other:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For School Use Only:

Parent Contact Log: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Administrative Action Taken (if any):