

Copy Distribution: District Office

Secondary Safety

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Incident Reporting (Grades 6-12)

Please use this form to report any incident that you want the school to be aware of bullying / harassment theft weapons drugs fighting peer conflict other safety concerns This form may be completed by a student, staff member, parent, volunteer, or community member.		
Today's Date:		
Your Name:		☐ I wish to remain anonymous.
Student's Name:	Grade:	School:
Please describe the incident you are reporting Be as detailed as possible (In	nclude date/s, ti	ime/s, location/s, names of others involved, etc
Were there any witnesses? ☐ No ☐ Yes (If yes, please provide their name/s) _		
Nould you like us to contact you directly? ☐ No ☐ Yes (If yes, please provide y	our contact in	formation)
f you are reporting for your student, may we contact your student directly?	No 🛚 Yes (Please know, we'll be as discreet as possible)
s there any additional information you think the school needs to know?		
Student Signature:		
mportant Note: We do not disclose the name(s) of our sources. We a parents and students. As we begin our investigation, there is a possibility igured out who reported the incident. If you or your student experiences your student's administrator so that s/he is able to appropriately handle to	ty that the a s retaliation	aggressor(s) may think they have i, it is important that you contact
For School Office Use Only – Send one copy to the District Date Report Received: Received By:		
If there is an allegation of HIB, there must be a follow-up report complet allegation is not substantiated. Copies of both forms must be forwarded.	ted on the ir	nterview form, even if the

☐ Site Administrator/Counselor

☐ Other