



**SAINT CATHERINE  
of SIENA SCHOOL**

**BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM**

1. Name of Reporter/Person Filing Report: *May be left blank if report is anonymous.*  
\_\_\_\_\_

2. Name of SCS student: \_\_\_\_\_

3. Check whether you are the: Target of the behavior \_\_\_\_ Reporter (not target) \_\_\_\_

4. Check whether you are a: Student \_\_\_\_ Staff member (role) \_\_\_\_  
Parent \_\_\_\_ Administrator \_\_\_\_ Other (specify) \_\_\_\_

Your contact information//telephone number: \_\_\_\_\_

5. If a student, what is your school? \_\_\_\_\_

6. If a staff member, what is your school? \_\_\_\_\_

-----  
7. Information about the Incident:

Name of Target (of behavior): \_\_\_\_\_

Name of Aggressor (person who engaged in behavior): \_\_\_\_\_

Date(s) of Incident(s): \_\_\_\_\_

Time When Incident(s) Occurred: \_\_\_\_\_

Location of Incident(s) : \_\_\_\_\_

-----  
8. Witnesses (list people who saw incident or have info about it):

Name: \_\_\_\_\_ \_\_ Student \_\_ Staff \_\_ Other

Name: \_\_\_\_\_ \_\_ Student \_\_ Staff \_\_ Other

Name: \_\_\_\_\_ \_\_ Student \_\_ Staff \_\_ Other

-----  
9. Use the back of this form to describe the details of the incident (including the names of the people involved, what occurred, and what each person did and said. Tell specific words used.)

Signature of Person Filing This Report: \_\_\_\_\_ Date: \_\_\_\_\_

Form Given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_