

INCIDENT REPORT



GREEN BAY AREA
PUBLIC SCHOOL DISTRICT
All learning. All growing.

Date of Report: _____

Please check the appropriate box(s) below:

Bullying Event: **Yes** (parents of all involved in bullying events are contacted) **No**

Bullying is deliberate or intentional behavior using words or actions, intended to cause fear, intimidation, or harm. Bullying includes aggressive and hostile behavior that is intentional and involves an imbalance of power between the bully and the bullied and is behavior that is repeated rather than an isolated incident.

Other Type of Event (Not Bullying): _____(describe)

Target of Behavior:

Name _____

Student Displaying Behavior:

Name _____

Location of Incident _____

Date of Incident _____

Time of Incident _____

Incident Description: _____

Witness(es) to Incident:

Name _____ Teacher _____

Involvement _____

Name _____ Teacher _____

Involvement _____

Person(s) Completing Form (optional): _____

Provide form to the building administrator/designee or district equity coordinator

Anonymous Staff Member Parent Student Community Member Other _____

Date Report Received: _____

Name/Title: _____ Signature: _____