

Incident Report pursuant to HB1942



This form may be used by any student or adult to report ‘mistreatment by others’. This may include alleged bullying, harassment, discrimination, injury or cyber related incidents.

Reporting person (optional):

Contact info (home phone/cell/email) (optional)

Today’s date: _____

Incident date: _____

Name of adult (s) you’ve already contacted (if any): _____

Name(s) of accused (if known):

Where did the incident happen? Circle location:

Classroom	Hallway	Restroom	Gym	Locker room	Lunchroom	Sport field
School bus	Internet	Cell phone	Outside	Another campus	To/from school	Other

Please check the box that best describes what the accused did. Please choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Physical: Hitting, kicking, shoving, spitting, etc | <input type="checkbox"/> Getting another person to hit or harm the student |
| <input type="checkbox"/> Teasing, name calling, put downs, criticizing, jokes | <input type="checkbox"/> Property issues. (hiding, damaging, taking) |
| <input type="checkbox"/> Threatening in person, by phone, by e-mail, etc. | <input type="checkbox"/> Making rude and/or threatening gestures |
| <input type="checkbox"/> Excluding or rejecting the student | <input type="checkbox"/> Spreading harmful rumors or gossip |
| <input type="checkbox"/> Demanding money/homework/etc | <input type="checkbox"/> Other |

Describe what happened. Use all exact language and as much detail as possible.

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If I were watching it on a video, what exactly would I see?

I agree that all of the information on this form is accurate to the best of my knowledge.

Signature of complainant

Date

Signature of school official receiving Incident Report

Date

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INVESTIGATIVE LOG

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

ACTION/DATE

List & attach
any supporting
evidence

-----For Office Use-----

SUMMARY DISPOSITION AS OF _____