Wayland Public Schools
INCIDENT REPORTING FORM

Directions: The Wayland Public Schools is committed to providing a safe environment to all members of our community. Despite our best intentions, incidents between students do occur at times. If you wish to report a disturbing incident between two or more students, complete this form and return it to the Principal 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. **Every** reported act of bullying will be investigated. Parents of aggressors and targets will be contacted in cases of confirmed bullying.

	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)?
☐ On school property ☐ At a school-sponsored activity or event off school property ☐ Online/via technology
☐ On a school bus ☐ On the way to/from school ☐ Other:_____

What best describes what happened (choose all that apply):
☐ Teasing ☐ Threat/Property Damage ☐ Stalking ☐ Theft/Property Damage
☐ Social exclusion ☐ Intimidation ☐ Physical violence ☐ Public humiliation
☐ Retaliation ☐ Sexual Harassment ☐ Other:_____

What did the alleged aggressor(s) say or do? (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):

Telephone (optional)_____ E-mail (optional):_____

Place an X in the appropriate box: ☐ Student ☐ Parent/guardian ☐ Other: _____

Signature: _____ Date: _____

Administrative Action Taken: Date:

Administrator:

(Form modeled after Polk County Public Schools Harassment or Bullying Reporting Form)