# Lenox Bullying Prevention & Intervention Incident Reporting Form
## Form A

Today's date: _____/_____/_____

Person(s) Reporting**:** _____ Telephone: _____-_____-_____

Cell Phone: _____-_____-_____ E-mail: _____

Place an **X** in the appropriate box:
☐ Student ☐ Student (witness/bystander) ☐ Parent/Guardian ☐ School Personnel ☐ Other

Name of target(s): _____ Grade: _____
*(Please print)*

Name of alleged Aggressor: _____ Grade: _____

Type of alleged incident: Bullying ☐ , Retaliation ☐

School: ( ) Morris Elementary ( ) Lenox Memorial ( ) Other _____

Date the incident occurred. _____/_____/_____ _____/_____/_____ _____/_____/_____

| | *Mo./Day/Year* | *Mo./Day/Year* | *Mo./Day/Year* |
|---|---|---|---|
| Time of incident: | _____ | _____ | _____ |
| Location (be specific): : | _____ | _____ | _____ |

Briefly describe what happened:

_____
_____
_____
_____
_____
_____
_____
_____
_____.

Witnesses (list people who saw the incident or have information about it):

Name:_____ ( ) Student ( ) Staff ( ) Other_____

Name:_____ ( ) Student ( ) Staff ( ) Other_____

Name:_____ ( ) Student ( ) Staff ( ) Other_____

_____ _____/_____/_____
*SIGNATURE* *DATE*

Please submit this form to your building principal.
Under law, this form can be completed anonymously.