

**INCIDENT REPORT**  
**B.I.N.T. – BULLYING IS NOT TOLERATED**

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

**Reporter Information**

Name:	Relationship to Target:
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**Target Information (if different from above)**

Name:	School:
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**Alleged Offender(s) Information**

Name:	School:
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Name:	School:
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**Witness Information**

Name:	School:
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Name:	School:
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**Did the incident involve any of the following features?**

Emotional/Mental abuse	No <input type="checkbox"/>	Yes, in person <input type="checkbox"/> Yes, electronically <input type="checkbox"/>	If yes, please give brief explanation:
Sexual harassment	No <input type="checkbox"/>	Yes, in person <input type="checkbox"/> Yes, electronically <input type="checkbox"/>	If yes, please give brief explanation:
Discrimination based on race, class, gender, sexual orientation, or disability	No <input type="checkbox"/>	Yes, in person <input type="checkbox"/> Yes, electronically <input type="checkbox"/>	If yes, please give brief explanation:
Threat to someone's physical safety	No <input type="checkbox"/>	Yes, in person <input type="checkbox"/> Yes, electronically <input type="checkbox"/>	If yes, please give brief explanation:

**If yes to any of the above features, was the above named offender involved prior to this reported incident?**

Yes  No

**My signature signifies that all the information provided in this report is a true account of the incident.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Principal/Designee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_