

**Milltown School District**  
**Parkview and Joyce Kilmer Schools**  
**Incident Reporting Form**

*Name of person reporting incident is strongly encouraged; however, anonymous reports are permitted using any bullying box located in the school.*

Name of Person

Reporting Incident:

Parent    Staff    Student    Other: \_\_\_\_\_

Today's Date:

Date of Incident:

*Please check all below that apply to the incident.*

- |   |  |
|---|--|
| <input type="checkbox"/> Friends                | <input type="checkbox"/> Not friends             |
| <input type="checkbox"/> Argument               | <input type="checkbox"/> Insulting or demeaning  |
| <input type="checkbox"/> Both people spoke      | <input type="checkbox"/> One person mainly spoke |
| <input type="checkbox"/> Words mainly used      | <input type="checkbox"/> Physical harm           |
| <input type="checkbox"/> No fear of harm        | <input type="checkbox"/> Fear of physical harm   |
| <input type="checkbox"/> Angry                  | <input type="checkbox"/> Feel helpless or scared |
| <input type="checkbox"/> Two-sided disagreement | <input type="checkbox"/> One-sided power play    |

If more checked on this side:  
check  Conflict

If more checked on this side:  
check  Bullying

Students' Involved:

Location:

Summary of Incident: