

Bullying/Harassment Incident Witness Form

This report can be completed when there is a witness to an incident of alleged bullying. One form must be completed for each witness. All witness statements that relate to one incident should be attached to the Bullying/Harassment Incident Report Form.

Reporting Person Information

- Student
- Parent
- Employee
- Community Member

Name: _____

Telephone: _____ E-Mail: _____

Date of testimony, interview: _____

Incident Details

School Site: _____

Date: _____ Time: _____

Student Affected:

Student(s) Initiating Bullying/Harassment:

Description of incident witnessed:

Please describe how you responded to the incident:

I agree that all of the information is accurate and true to the best of my knowledge.

Signature: _____ Date: _____