Red Lodge Public Schools Bullying, Harassment, Intimidation, Hazing, and Retaliation Incident Reporting Form					Relie	
Name of School					TRAME	
Reporter Name(s)						
Telephone			E-Mail		-	
Telephone						
I am a:	Student Admin.		Staff Member Self-Reporting		Parent/Guardian Other:	
			Sell-Reporting		other.	
Name of Victim(s)						
Name of Aggressor(s):						
Date(s)/Time(s) of	Incident(s):					
		School Property		To/From School		
Location of In	ncident	School Bus		Electronic		]
		School Activity				
		Physical		Cyber		
Type of Inci		Emotional		Property		
Please Check All	That Apply	Social		Retaliation		
		Sexual		Other		
Please des	cribe the incic	lent and exact loo	cation:			
		1			IM-1-2-	1
Physical Evidence:	Graffiti		Electronic		Website	
Physical Evidence:	Graffiti Notes		Electronic Photo/Video		Website Other	
	Notes	Name:				
Physical Evidence: Other Individuals	Notes	Name: Name: Name:				
Other Individuals	Notes Involved:	Name: Name:				
	Notes Involved:	Name: Name: One Time				
Other Individuals	Notes Involved: urrences:	Name: Name: One Time Multiple Times	Photo/Video	imes and specifi		the box below:
Other Individuals Number of Occu *If incident Date	Notes Involved: urrences:	Name: Name: One Time Multiple Times multiple times pl Time	Photo/Video	Location	Other	he box below:
Other Individuals Number of Occu *If incident Date Date	Notes Involved: urrences:	Name: Name: One Time Multiple Times multiple times pl Time Time	Photo/Video	Location Location	Other	he box below:
Other Individuals Number of Occu *If incident Date	Notes Involved: urrences:	Name: Name: One Time Multiple Times multiple times pl Time	Photo/Video	Location	Other	the box below:
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Other Individuals Number of Occu *If incident Date Date Date Has a Previous	Notes Involved: Urrences: has occurred s Report Beer	Name: Name: One Time Multiple Times multiple times pl Time Time Time Submitted	Photo/Video Photo/Video ease list dates/t Yes No	Location Location	Other c locations in the t Staff Member Date:	he box below:
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Other Individuals Number of Occu *If incident Date Date Has a Previous Additional Info By signing this docu information is true t Signature	Notes Involved:	Name: Name: One Time Multiple Times pl Time Time Submitted *If yes, please	Photo/Video Photo/Video ease list dates/t Yes No e indicate the sta	Location Location aff member and o	Other  C locations in the f  Staff Member Date: date	