

**Red Lodge Public Schools
Bullying, Harassment, Intimidation, Hazing, and Retaliation
Incident Reporting Form**



Name of School			
Reporter Name(s)			
Telephone		E-Mail	
I am a:	Student	Staff Member	Parent/Guardian
	Admin.	Self-Reporting	Other:
Name of Victim(s)			
Name of Aggressor(s):			
Date(s)/Time(s) of Incident(s):			
Location of Incident	School Property		To/From School
	School Bus		Electronic
	School Activity		
Type of Incident - Please Check All That Apply	Physical		Cyber
	Emotional		Property
	Social		Retaliation
	Sexual		Other
Please describe the incident and exact location:			
Physical Evidence:	Graffiti		Electronic
	Notes		Photo/Video
Other Individuals Involved:	Name:		
	Name:		
	Name:		
Number of Occurrences:	One Time		
	Multiple Times		
*If incident has occurred multiple times please list dates/times and specific locations in the the box below:			
Date		Time	Location
Date		Time	Location
Date		Time	Location
Has a Previous Report Been Submitted	Yes		Staff Member
	No		Date:
*If yes, please indicate the staff member and date			
Additional Information:			
By signing this document, I understand the serious nature of the information submitted and that I agree that all information is true to the best of my knowledge.			
Signature			Date
Printed Name			
Office Use Only			
Date Received:		Received by:	
Referred to:			