



PAU-WA-LU MIDDLE SCHOOL

INCIDENT REPORTING FORM

VIOLATION OF SAFE & RESPECTFUL LEARNING ENVIRONMENT

1. Name of Reporter/Person Filing the Report: _____

Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.

2. Check whether you are the: Target of the behavior Reporter (not the target)

3. Check whether you are a: Student Parent Other (specify) _____
 Administrator Staff Member (specify role) _____

4. Your Contact Information/Telephone Number: _____

Note: This information is only needed if you are not a student, staff member, or administrator at Pau-Wa-Lu

5. Name of Target (of behaviors): _____

Name of Aggressor(s) (Person/People who engage in the behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

6. Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

7. Describe the Details of the Incident (including names of people involved, what occurred, and what each person did and said, including specific words uses). Please use additional space on back if necessary.

