

TAYLOR COUNTY SCHOOL DISTRICT

Bullying Incident Report Form

Victim: _____ **Grade:** _____

Name of Person Filing Report:

Relationship to Victim:

Date and Approximate Time of Incident:

When did you learn of this incident?

Description of Incident – include names of those involved with specific details – what, where, when, how, etc.:

List the names of any witnesses to this incident:

Signature _____

Date _____

Please return this form to the Building Principal/Designee