



Hanover Public Schools

Bullying /Retaliation Incident Report

☐ Cedar Elementary
☐ Center Elementary

☐ Middle School
☐ High School

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) _____

4. Your contact information/telephone number: _____

6. Information about the Incident:

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

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

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

Name: _____ ☐ Student ☐ Staff ☐ Other _____

Name: _____ ☐ Student ☐ Staff ☐ Other _____

Name: _____ ☐ Student ☐ Staff ☐ Other _____

8. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary.

Office Use Only:

Received by: _____

Date: _

X2 Input by: _____

Date: _