

**Acton-Boxborough Regional School District
INCIDENT REPORTING FORM**

**PART 1
REPORTING**

1. **Name of Reporter/Person Filing the Report:** *This line may be left blank if an anonymous report is being made*
(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. The ability for the school to take action depends on the validity and details of the information given. You are encouraged to speak to a School Counselor or trusted adult.)

2. **Person Filing the Report with Contact Information:** _____

3. **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): _____

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

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

5. **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 and attach any documentation that would be useful.**

6. **Signature of Person Filing this Report:** _____ **Date:** _____
(Note: Reports may be filed anonymously.)

7. **Form Given to:** _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____

****Print out both pages of this form and return it to the Assistant Principal or School Counselor. If submitting electronically, save this document to your computer and email it to the Assistant Principal or School Counselor.**

