

Thomas Academy 2019-2020

**Person Reporting Incident**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please select the appropriate description  Student  Parent/Guardian of a student  Close Adult Relative of a Student  School Staff  Bystander

Incident

**Alleged Student Victim Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

School: \_\_\_\_\_

**Witness Information: (If Known)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

**Witness Information: (If Known)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

**Alleged Offender:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Is he/she a student?  Yes  No

On what date (s) did the incident happen? \_\_\_\_\_

Check all boxes that describe what happened:

- Any bullying, harassment or intimidation that involves physical aggression
- Getting another person to hit or harm the student/staff
- Making threatening gestures
- Intimidating (bullying), extorting, or exploiting student/staff
- Relating to the student's disability
- Related to the student's perceived sexual orientation
- Cyberbullying (e.g. social media including Facebook, Twitter, Vine, Instagram, etc.)
- Electronic communication, (e.g. email, text, sexting, etc.)
- Gang recruitment or Gang related
- Human trafficking/prostitution recruitment
- Racial Harassment
- Sexual Harassment

Sexual in Nature

Check all boxes that describe incident location:

On school property

At a school-sponsored activity or event off school property

On a school bus

On the way to/from school

Via internet-sent on school property

Via internet-sent off school property

Name of School \_\_\_\_\_

Describe incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you think the bullying, harassment or intimidation occurs?

Did a physical injury result from injury?

Yes, but it did not require medical attention

Yes, it required medical attention

No

Did a psychological injury result from this injury? Yes  No

Yes, but psychological services have not been sought

Yes and psychological services have been sought

No

Provide any other information here \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By entering my name here, I acknowledge that the information in the above report is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_