

BOZEMAN PUBLIC SCHOOLS
Safe Student Incident Reporting Form

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Purpose: When there is a concern related to student safety (emotional/physical)
This is a confidential report, i.e., shared only with pertinent school district staff. Any further disclosure will be with permission from parent/guardian.

Name of School: _____	Date: _____
Reporting Person Information (optional): Name: _____ Phone: _____ E-Mail: _____	
I am a: <input type="checkbox"/> student <input type="checkbox"/> staff member <input type="checkbox"/> administrator <input type="checkbox"/> self-reporting <input type="checkbox"/> parent/guardian <input type="checkbox"/> other: _____	
Do you &/or your friends feel physically unsafe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of individual being targeted: _____	
Name(s) of aggressor (please describe if not known): _____	Grade(s): _____
Date/time of incident: _____	
Where did the incident occur? <input type="checkbox"/> On school property <input type="checkbox"/> At a school sponsored activity or event off school property <input type="checkbox"/> School bus <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Electronic <input type="checkbox"/> Other: _____	
Check all that describes the incident: <input type="checkbox"/> Physical (pushing, shoving, hitting, fighting, kicking, throwing items, assault, etc.) <input type="checkbox"/> Emotional (name calling, insults, teasing, verbal threats, staring/leering, etc.) <input type="checkbox"/> Social (rumors, exclusion, embarrassment, graffiti, jokes, gestures, etc.) <input type="checkbox"/> Sexual (inappropriate comments/touching, sexual orientation references, assault, etc.) <input type="checkbox"/> Cyber (threatening or harassing texts/I-M's/calls, defamatory posts/e-mails, etc.) <input type="checkbox"/> Property (vandalism, theft, demanding money, exploiting, or fear of such, etc.) <input type="checkbox"/> Other (please describe)	
Please describe the incident:	

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Other individual(s) involved (please indicate whether witness, bystander, or target):	
Name: _____	Grade: _____
Name: _____	Grade: _____
Is this a repeated offense? <input type="checkbox"/> No, this is a one-time incident <input type="checkbox"/> Yes, date and description of prior incident(s): _____ _____	
Have you ever reported this information before? With whom: _____ Date: _____	
Did a physical injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention	
Was the student being targeted absent from school as a result of the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, number of days _____.	
Have you contacted the police? <input type="checkbox"/> No <input type="checkbox"/> Yes: Officer: _____ Date: _____	
Is there any additional information you would like to provide?	
I understand the serious nature of this report and I agree that all of the information is accurate and true to the best of my knowledge. Signature _____ Date: _____	
Please type/print name: _____	

*Please note: anyone who knowingly files a false report will be held responsible and may receive school consequences and/or be reported to an appropriate law enforcement agency.

Thank you for reporting! As the reporter you will be contacted by end of the next school day. If you are not contacted, please contact your building principal.

-----**For Administrative Use**-----

Date received: _____ Received by: _____
Admin/Dean assigned to coordinate review: _____
Date: _____