



BFCCPS Incident Report Form

Name of reporter/person filing the report: _____

Check whether you are the: Target of the behavior Reporter (not the target)

Check whether you are a: Student Staff member (specify role) _____
 Parent Administrator Other (specify) _____

Your contact information/telephone number: _____

If student, state your School: _____ Grade: _____

If staff member, state your School or Work site: _____

Information about the Incident:

Name of Target (of behavior): _____

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

Date(s) of Incident: _____ Time(s) When Incident(s) Occurred: _____

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

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

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

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 paper if necessary.

Signature of person filing this report: _____ **Date:** _____

(Note: Reports may be filed anonymously.)

Incident report should be given to Mr. Joseph Perna and/or Patricia Fairbanks.

Signature: _____ **Date:** _____