HULL PUBLIC SCHOOLS  
STUDENT PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Please complete this form to report an incident involving students. Forms may be returned to the main office at any school.

1. Name of 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. Date of filing report ________________________________

3. Check whether you are the  
   _____ Target of the behavior  
   _____ Not the target

4. Check whether you are a  
   _____ Student (identify school) ________________________________
   _____ Staff or administration member (specify role & worksite location) ________________________________
   _____ Parent  
   _____ Other (specify) ________________________________

   Your contact information/telephone number ________________________________

INFORMATION ABOUT THE INCIDENT

5. Name(s) of student(s) involved
   1
       __________________________________________________________
   2
       __________________________________________________________
   3
       __________________________________________________________
   4
       __________________________________________________________

6. Date of Incident __________________________ Time When Incident Occurred __________________________

7. Location of Incident (Be as specific as possible) ________________________________

8. Witnesses (List people who saw or who might have information about the incident. Circle the word(s) that best describes each witness.)

   Name ___________________________________________ Student Staff Other __________________________

   Name ___________________________________________ Student Staff Other __________________________

   Name ___________________________________________ Student Staff Other __________________________

9. Please use space on the back to describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used).

10. Signature (optional) ________________________________ Date __________________

   TURN OVER
Describe the details of the incident including names of people involved, what occurred, and what each person did and said, including specific words used.

FOR ADMINISTRIVE USE ONLY

Received by ___________________________ Position __________________ Date_______