

**ESSEX COUNTY TECHNICAL AND VOCATIONAL SCHOOLS
BULLYING INCIDENT REPORT**

OFFENDER INFORMATION

School: _____ Date: _____ Offender's Name: _____ Age: _____

Grade: _____ Repeat Offender? Yes _____ No _____

Staff Member: _____

Offender's version of events:

VICTIM INFORMATION

School: _____ Date: _____ Victim's Name: _____ Age: _____

Grade: _____ Repeat Offender? Yes _____ No _____

Staff Member: _____

Victim's version of events:

Names of other students involved or witnesses to the incident:

Actions Taken: Detail what actions have been taken from the time this incident was reported.
Include times, dates, names, etc

Reviewed by: _____

IF MORE SPACE IS NEEDED ATTACHED ADDITIONAL INFORMATION