

Barberton City Schools Formal Incident Report



Name of Alleged Victim, School: _____

Name of Alleged Aggressor, School: _____

Please check the boxes that best describes the incident.

- | | |
|---|--|
| <input type="checkbox"/> Aggressive Behavior/Harassment
(Bullying/Peer Conflict) <ul style="list-style-type: none"><input type="checkbox"/> Verbal Harassment<input type="checkbox"/> Physical Harassment<input type="checkbox"/> Electronic or Written Harassment<input type="checkbox"/> Intimidation | <input type="checkbox"/> Inappropriate Physical Contact
(Pushing, Shoving, Horseplay, etc.) |
| <input type="checkbox"/> Theft/ Stolen Property | <input type="checkbox"/> Inappropriate Comments/Language <ul style="list-style-type: none"><input type="checkbox"/> Sexually Based<input type="checkbox"/> Racially Based<input type="checkbox"/> Gender Based |
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Insubordination toward Staff Member _____ |
| <input type="checkbox"/> Fighting/Hitting | <input type="checkbox"/> Other (Explain Below) |

Narrative Description of Incident _____

The above statement is true. Signature: _____

Name of person filling out report if other than victim _____