



Dublin City School District

Students
5517.01 F1
Revised 4/16/09

Bullying and Other Forms of Aggressive Behavior Reporting Form

Name of person completing the form

Building

Name(s) of the aggressor

Date

Name of the person targeted

Dates of the alleged aggressive behavior(s) (when did this/these happen?):

Places where the incident(s) occurred (where did this/these occur?):

Incident number and duration (how many times have these behaviors occurred and for how long?):

Names of witness(es) (students and staff):

Description of the event(s) (what happened?):

Additional information that could assist in the investigation:

FORWARD TO THE BUILDING PRINCIPAL WHEN COMPLETED