



Bullying, Harassment, and Discrimination Incident Report

*Upon completion, this form should be turned into Marisa German, Head of School,
312.610.4900, mgerman@wolcottschool.org, 524 N. Wolcott Ave, Chicago, IL 60622*

Date: _____

Name of Complainant: _____

☐ Student ☐ Parent ☐ Staff ☐ Other (please specify): _____

If a student, specify school and grade: _____

If a parent or other, provide contact information: _____

Is the Complainant the target of the alleged bullying being reported? ☐ Yes ☐ No

[Note: The Complainant need not be a target to make this report.]

Date and Time of Incident of Bullying: _____

Student(s) being reported as targets of the alleged bullying:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Person(s) being reported as aggressors engaged in the alleged bullying:

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

Person(s) who witnessed or have knowledge about the alleged bullying:

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

**Description of the alleged bullying incident(s), including any incident-related evidence
(may use reverse side and/or additional pages if needed):** _____

Location(s) of the alleged bullying incident(s): _____

[illegible][illegible]

By completing and signing this form I attest that the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____