

# Student Safety Reporting Form

Do the best you can filling out this information.  
Turn this form into the school office or a safe adult at your school.

Today's date: \_\_\_\_\_

Date of Incident(s): \_\_\_\_\_

**STEP 1. Name** (of person filling out form): \_\_\_\_\_

**STEP 2. Name(s)** of the person(s) of concern: \_\_\_\_\_

**STEP 3. Describe what is happening or has happened:**

(Use the additional paper if you need more room)

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**STEP 4. Besides stopping the unsafe behavior, what would you like to see happen?**

(Use the additional paper if you need more room)

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**STEP 5. Location of incident** (example: classroom, instagram, off campus): \_\_\_\_\_

**STEP 6. Names of witness(es)**(or other people involved): \_\_\_\_\_

**STEP 7. Teacher/Counselor/Advisor supporting you** (if applicable): \_\_\_\_\_

If possible, would you like the above person with you when talking to administration:  Yes or  No

**Step 8: Has this type of behavior happened before?**  Yes (give us some details if applicable) or  No

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**Students – DO NOT WRITE ON THE BACK .**

**Staff – Return this form to school administrator. If the administrator is being accused wrongdoing, return to the superintendent's office**

# Student Safety Reporting Form

**This side of the form is to be filled out by an administrator. Store these forms in a folder in the admin office.**

Date received (Initial contact should be within 24 hours.): \_\_\_\_\_

Date student was met with: \_\_\_\_\_

Name of school personnel supporting in this resolution: \_\_\_\_\_

**Area of concern (mark all those that apply):**

- |   |   |                                       |                                       |
|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Teasing                        | <input type="checkbox"/> Physical (Hitting, Kicking, Pushing) | <input type="checkbox"/> Threatening  | <input type="checkbox"/> Name calling |
| <input type="checkbox"/> Gossip/Rumor spreading         | <input type="checkbox"/> Cyberbullying (social media)         | <input type="checkbox"/> Intimidating | <input type="checkbox"/> Self-harm    |
| <input type="checkbox"/> Sexual Harassment              | <input type="checkbox"/> Sexual assault                       |                                       |                                       |
| <input type="checkbox"/> Other (please describe): _____ |   |                                       |                                       |

**Does the issue/situation target the person's:** race, color, religion, sex, sexual orientation, gender identity or expression, national origin, marital status, familial status, source of income or disability?  Yes, describe or  No

**Admin should consider:**

- *The applicable policies, rules and/or code of conduct (For example: JBA/GBA-AR Sexual Harassment, JFCF Harrassment, Intimidation, Bullying, Cyberbullying, Hazing, Teen Dating Violence and Domestic Violence)*
- *Would the student feel safer if there was someone of their gender identity and/or cultural identity present? Who on staff needs to be in the room to support the student?*
- *Has the student suffered this kind of incident before? Who responded in that incident and what was the outcome/resolution and why?*
- *Where this is this found in the Student Rights and Responsibilities handbook.*

**Outcome & next steps:**

\_\_\_\_\_  
\_\_\_\_\_

**Does the student(s) or adult filling out this form feel the situation has been resolved? Why or why not? How do you know? What is your plan for following up/check-in with the student/adult in a few weeks?**

\_\_\_\_\_

Date parent was contacted: \_\_\_\_\_ Method of contact: \_\_\_\_\_

Response from parent (explain) or  Parent not contacted due to student safety concern (explain):

\_\_\_\_\_