

Date of Event: \_\_\_\_\_

Date Event Reported: \_\_\_\_\_

## Student Conflict Report Incident Statement Sheet: Reported Victim

Name of Student (Print): \_\_\_\_\_

### Answer this Section *Only If Reported Victim Did Not Make Report*

Was the reported incident accurate? Yes or No

What is your reaction to the events reported?

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### Answer this Section if Victim Made Report

What are the details of the reported incident:

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Has this person bothered you before? \_\_\_\_\_

If yes, how often does it happen? \_\_\_\_\_

When and where does it occur? \_\_\_\_\_

Who saw this happen and what did they do?

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Have you told any adults (teachers, parents) about it? If so, what was their response?

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What has been your response to the person bothering you?

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School Personnel Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

