



Rio Bravo Middle School Incident Report Form

LOBOS RISE ABOVE BULLYING

Date: _____ Phone Number: _____

Student Name: _____ ID _____ Grade _____

Have you reported your situation to a staff member? Yes No

Staff member/s involved: _____

Teacher/Staff member intervention before referral: Talked to students involved

Parent contact Tribe Parent conference Discipline Referral CIS Counselor
Security Office Nurse Other: _____

Are you feeling safe at school? Yes No ***** If not, explain why?

First time _____ Repeated conflict _____

How are you and the person and/or people involved?

Victim _____ Bystander _____ Bully _____ Other _____

People Involved

How are these people involved?

1. _____

2. _____

3. _____

4. _____

Explain who is involved in the conflict and how it started? When did it take place?

Location: _____ Teacher: _____ Period: _____

What steps did you take to help/resolve your situation?

1. _____
2. _____
3. _____

Ways to handle conflict (Filled out with Counselor)

Strategies I will use:

Interventions:

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Administrator Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Other: _____ Date: _____

Action taken by administration:

Followed up with: _____ Date: _____

Student Parent Teacher CIS Security Counselor Principal Asst. Principal Staff Member Other