## **Blue Ridge Incident Statement Form**

Fill out this form to specify your concern, as you see it. Describe the incident, the participants, the background to the incident and any attempts you have made to solve the problem. Be sure to include all relevant dates, times, and places. Use a pen. Print legibly. Additional pages may be attached if necessary. This form is used for inquiries regarding reports of harassment, bullying, intimidation, hazing or other behavior concerns. All parties involved will be given opportunities to provide statements.

Print Name:	Date of Report:	
Address:		
Phone:		
If Student, Grade:	School:	
If Staff, Position:	Campus:	
If Parent, how was the situation brought to your attention?	?	
INCIDENT DETAILS		
Date of incident:	Time of incident:	
Location of incident:		
Explain what happened:		
Did you personally see and/or hear the incident?	YES	NO
If you did not personally see and/or hear the incident	, who told you?	
Names of people involved in the incident:		
Names of people who witnessed the incident:		
Did anyone get hurt? Explain:		
Was anything damaged? Explain:		
Was Social Media, Texting or Electronics a part of the	incident? If so, how?	
Has something like this happened before? Please expl	lain	

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	other parts of your life?
Have you reported this incident to anyone? If yes, to whom and when? Explain h problem.	
Are you aware of anyone with more information to share? If yes, whom?	
Is there anything else you feel is important share regarding this incident?	
Indicate as specifically as possible what you think can and should be done to solv	
If helpful, please draw how people were standing or positioned during the incide	ent.
Rate the seriousness of your concern regarding this in	ncident from 1-10:
Small > > > > 1 2 3 4 5 6 7 8	<b>9 10</b> > > > > BIG fmy life. Someone is being hurt. Intervention is needed.
<b>1=</b> Annoying, but I don't want intervention. I will handle it myself. <b>10=</b> Disrupting every part of	,
I certify this information is correct to the best of my knowledge.	
I certify this information is correct to the best of my knowledge.	Date:
I certify this information is correct to the best of my knowledge.  Signature of Reporting Individual:	Date:
I certify this information is correct to the best of my knowledge.  Signature of Reporting Individual:  Name of BR Professional Staff Receiving the Report:	Date:
I certify this information is correct to the best of my knowledge.  Signature of Reporting Individual:  Name of BR Professional Staff Receiving the Report:  Name of PR Professional Staff doing Inquiry on this Report:	Date:
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