



# Anonymous Information Report

## Type of incident \_\_\_\_\_

- |                                   |                                       |                                    |                                   |
|-----------------------------------|---------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Drugs        | <input type="checkbox"/> Theft     | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Assault  | <input type="checkbox"/> Harassment   | <input type="checkbox"/> Threats   | <input type="checkbox"/> Weapon   |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Other    |

## Persons involved in incident \_\_\_\_\_

Names of persons involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Details of incident \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_ Where it happened \_\_\_\_\_

## Describe what you saw or what you know (Use back if necessary) \_\_\_\_\_

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

## Person reporting the incident (Optional)

Name \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

