



# ISLAND ELEMENTARY SCHOOL

1 Drive NE Comstock Park, MI 49321-0902 Phone (616) 254-5500 Fax (616) 785-4176

## Student Reporting Form

Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Time and place of incident: \_\_\_\_\_

List the names of any other students that were involved in the incident:

\_\_\_\_\_

Please list the facts of the incident or problem that you need help with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Circle One:

Conflict: Can be resolved by synergizing with all students involved

Rude: Feelings were hurt, upset but can be resolved with both students meeting together

Mean: Happens once or twice, hurts feelings, upset, can be resolved with students meeting together

Bullying: Has been repeated to you more than 2 times by same student, you feel you are the target of  
Bullying by this student continues to happen; you want the bullying to STOP and need help!

Notes: \_\_\_\_\_

\_\_\_\_\_

Referred to office date \_\_\_\_\_ Date office addressed issue: \_\_\_\_\_