

SPRINGPORT PUBLIC SCHOOLS

AGGRESSIVE BEHAVIOR REPORT FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reporting Adult/Student: \_\_\_\_\_ Level/Grade/Position \_\_\_\_\_

**Who** was involved?

---

---

**Where** did it happen?

---

---

**What** happened?

---

---

---

---

---

**When** did it happen?

---

---

**Witnesses** (Who saw this happen? List names below.)

---

---

**Behavior Type**

Horseplay       Teasing       Moderate Intimidation/Physical Contact  
 False Report/Retaliation       Severe Physical Contact       Severe Intimidation/Harassment

Was a 15 second intervention done?  Yes     No      Were other consequences given?

---

---

Does additional investigation need to occur?     Yes       No

**Comments:**

---

---

