

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Reporter/Person Filing the Report: _____

(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)

2. Check whether you are the:

Target of the behavior Reporter (not the target)

3. Check whether you are a:

Student Parent Administrator Staff Member: _____ Other: _____

Your contact information/telephone number: _____

4. If student, state your school: _____ **Grade:** _____

5. If staff member, state your school or work site: _____

6. Information about the Incident:

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

7. Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

8. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). (Please use additional paper and attach to this document as needed)

Patric Barbieri
Executive Director



Donna Goodell, Program Director
Pre-school, Elementary & Middle Schools

Matthew Cameron
Financial Administrator

James Kelly, Program Director
High Schools

9. Signature of Person Filing this Report: _____ **Date:** _____
(Note: Reports may be filed anonymously.)

10. Form Given to: _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____

CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation: YES NO

Bullying Incident documented as _____

Retaliation Discipline referral only _____

2. Contacted:

Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____

Director of Student Services Date: _____ Law Enforcement Date: _____

3. Action Taken:

Loss of Privileges Detention Suspension Other _____

Describe Safety Planning: _____

Follow-up with Target scheduled for _____ Initial and date when completed: _____

Follow-up with Aggressor scheduled for _____ Initial and date when completed: _____

Report forwarded to Principal on date _____

Report forwarded to Superintendent on date _____

Signature and Title: _____ Date: _____