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       ☐ Staff member (specify role) ________________________________
                                          ☐ Parent        ☐ Administrator     ☐ Other (specify) _______________________

   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 space on back if necessary.

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

10. Form Given to: ________________________________ Position: ______________________ Date: __________

FOR ADMINISTRATIVE USE ONLY

2/7/11
Westborough Public Schools

INVESTIGATION

1. Investigator(s):___________________________________________________ Position(s):________________________

2. Interviews:
   □ Interviewed aggressor Name: ________________________________ Date: ________________
   □ Interviewed target Name: ________________________________ Date: ________________
   □ Interviewed witnesses Name: ________________________________ Date: ________________
   Name: ________________________________ Date: ________________

3. Any prior documented Incidents by the aggressor?  □ Yes □ No
   If yes, have incidents involved target or target group previously? □ Yes □ No
   Any previous incidents with findings of BULLYING, RETALIATION □ Yes □ No

Summary of Investigation:

(Please use additional paper and attach to this document as needed)

CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:
   □ YES  □ NO
   □ Bullying  □ Incident documented as ___________________________
   □ Retaliation  □ Discipline referral only____________________________

2. Contacts:
   □ Target’s parent/guardian  Date:__________________ □ Aggressor’s parent/guardian  Date:______________
   □ District Equity Coordinator (DEC)  Date:______________ □ Law Enforcement  Date:______________

3. Action Taken:
   □ Loss of Privileges □ Detention □ Suspension
   □ Community Service □ Education □ Other________________________________________

4. 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: Date ________________ Report forwarded to Superintendent: Date ________________
   (If principal was not the investigator)

Signature and Title: _________________________________________________________________________ Date: ________________