ATTLEBORO PUBLIC SCHOOLS
Attleboro, Massachusetts

INCIDENT REPORTING FORM FOR BULLYING PREVENTION AND INTERVENTION

1. Name of Reporter/Person Filing the Report: ____________________________________________
   This line may be left blank if an anonymous report is being made.
   (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)  □ 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 space on back if necessary.

FOR ADMINISTRATIVE USE ONLY

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

10. Form Given to: __________________________ Position: __________________________ Date: __________________________
    Signature: __________________________ Date Received: __________________________
II. INVESTIGATION

1. Investigator(s): ____________________________________________ Position(s): ____________________

2. Interviews:
   - □ Interviewed aggressor Name: __________________________ Date: ____________________
   - □ Interviewed target Name: __________________________ Date: ____________________
   - □ Interviewed witnesses 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)

III. 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
   - □ STEP referral
   - □ 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: ____________________