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	e behavior	Reporter (not the target)			
3.	Check whether you are a:	Student	Staff me	mber (specify role)			
		☐ Parent	Adminis	trator Other (specify)			
	Your contact information/telep	hone number:					
4.	If student, state your school: _	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:	e: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 A	ADMINISTRATIVE USE ONLY						
9. Sig	nature of Person Filing this Repor	t:		Date:			
(Note:	Reports may be filed anonymously.)					
10: Fo	orm Given to:	Position:		Date:			
Signature:			Date Received:				

II. INV	ESTIGATION						
1.	Investigator(s):			Position(s):			
2.	Interviews:						
	□ Interviewed aggressor	Name:		Date: _ Date:			
	□ Interviewed target	Name:					
	□ Interviewed witnesses	Name:		_ Date:			
		Name:		Date:			
3.	Any prior documented Incidents by the aggressor?			□ Yes □ No			
	If yes, have incid	□ Yes □ No					
Any previous incidents with findings			of BULLYING, RETALIATION □ Yes □ No				
Sumn	nary of Investigation:						
	(Please	e use additional pa	per and attach to this document a	s needed)			
III. CO	NCLUSIONS FROM THE INV	ESTIGATION					
1.	Finding of bullying or retaliation:						
	□ YES □ Bullying		□ NO □ Incident documented as				
	□ Retaliation		□ Discipline referral only				
2. Cor	ntacts:						
	□ Target's parent/guardian Date:□ District Equity Coordinator (DEC) Date:		□ Aggressor's parent/guardian Date: □ Law Enforcement Date:				
3. Act	ion Taken:						
□ Loss of Privileges		□ Detention	□ STEP referral	□ Suspension			
□ Community Service		□ Education	□ Other				
4. Des	scribe Safety Planning:						
	Follow-up with Target: scheduled for		Initial and date when completed:				
•		Initial and date when completed:					
Repor				ntendent: Date			
-	cipal was not the investigator)						
, F	,						

Signature and Title: _____ Date: ____