Winchendon Public Schools
BULLYING 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 __________________

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.

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FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: __________________________________ Date: __________

10. Form Given to: ______________________________ Position: __________________ Date: __________
    Signature: __________________________________ Date Received: __________
Winchendon Public Schools

BULLYING INVESTIGATION and INTERVENTION REPORTING FORM

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.

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bulling or retaliation:
   ☐ Yes  ☐ No
   - Bullying
   - Retaliation

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/Date when completed __________
   Follow up with Aggressor scheduled for __________  Initial/Date when completed __________

Report forwarded to Principal: Date ______  Report forwarded to Superintendent: Date ______
(If principal was not investigator)

Signature and Title: ____________________________  Date: __________