

MEDFIELD PUBLIC SCHOOLS
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 paper if necessary.

9. Signature of Person Filing this Report: _____ Date:

(Reports may be filed anonymously)

10. Form Given to: Position: Date:

Signature: _____ Date Received: _____