

**WOBURN 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 a student, state your school: _____ **Grade:** _____

5. If staff member, 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 _____

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:** _____

FOR ADMINISTRATIVE USE ONLY

10. Form Given to: _____ **Position:** _____ **Date Received :** _____

Signature: _____

II. INVESTIGATION

1. Investigator(s): _____
Position(s): _____

2. Preliminary Determinations:

- If true, conduct complained of would constitute bullying, cyberbullying or retaliation
 - Need for interim Safety Plan
- The conduct complained of would not constitute bullying, cyberbullying or retaliation

Describe basis for preliminary determinations:

3. Interviews:

- Interviewed aggressor Name: _____ Date: _____
- Interviewed target Name: _____ Date: _____
- Interviewed witnesses Name: _____ Date: _____

Target, Aggressor and Witnesses notified of prohibition on retaliation Yes No

4. Any prior documented Incidents by the aggressor? Yes No

If yes, have incidents involved target or target group previously? Yes No

Previous incidents with findings of Bullying, Cyberbullying, 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, cyberbullying or retaliation:

- YES NO
- Bullying or Cyberbullying 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 _____

5. Describe Safety Planning:

- 6. 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: _____