

Old Colony Regional Vocational Technical High School District

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 Grade:** _____

5. **If staff member, state your title:** _____

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.**

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

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

Signature: _____ **Date Received:** _____

FOR ADMINISTRATIVE USE ONLY

II. INVESTIGATION

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

2. Interviews:

- | | | |
|--|-------------|-------------|
| <input type="checkbox"/> Interviewed aggressor | Name: _____ | Date: _____ |
| <input type="checkbox"/> Interviewed target | Name: _____ | Date: _____ |
| <input type="checkbox"/> 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 bullying or retaliation:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Incident documented as _____ |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> 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: _____