## 02/15/2023 Appendix A MARBLEHEAD PUBLIC SCHOOLS BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Name of Reporter/Person						
(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.)						
Check whether you are the:	heck whether you are the: Target of the behavior: Reporter (not the target):					
Check whether you are a:	Student Parent Administrator					
	Staff Member (spe	ecify role)		_ Other (specify)		
Contact Information:						
Phone Number(s):						
If student, state your school:				Grade:		
If staff member, state your school or work site:						
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)					
Witnesses (List people w	ho saw the incide	nt or have i	nformation abo	ut it):		
Name:	Studer	nt 🗌 Sta	iff 🗌 Other			
Name:	_					
Name:						
Name:						
				ed, what occurred, and what each		
person did and said, including specific words used). Please use additional space on back if necessary. (Describe or attach available documentation such as video, notes, emails, texts or other; attach additional pages as needed.)						
FOR ADMINISTRATIVE U	SE ONLY					
Signature of Person Filin (Note: Reports may be fil				Date:		
Form Given to:		P	osition:	Date:		
Signature:	Signature: Date Received:					

## INVESTIGATION

Investigator(s):		Positions(s):				
INTERVIEWS						
Interviewed aggressor	Name:	Date:				
Interviewed target	Name:	Date:				
Interviewed witnesses	Name:	Date:				
	Name:	Date:				
	Name:	Date:				
Any prior documented Incidents by the aggressor?						
lf yes, ha	ive incidents involved target o	or target group previously?	☐ Yes ☐ No			
Any prev	vious incidents with findings o	of BULLYING, RETALIATION	🗌 Yes 🗌 No			
Summary of Investigation: (Please use additional paper and attach to this document if needed)						
Summary of investigation. (Flease use additional paper and attach to this document in needed)						
CONCLUSIONS FROM TH						
<ol> <li>Finding of bullying or retaliation:</li> <li>YES</li> </ol>		ſ				
Bullying		Incident documented as				
		Discipline referral only				
2. Contacts:						
		Aggressor's parent/guard				
	Coordinator (DEC)Date:	Law Enforcement	t Date:			
3. Action Taken:						
Loss of Privileges Detention STEP referral Suspension						
Community Ser	vice Education Other					
1. Describe Safety Planni	ng:					
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 Princip	al: Date	Report forwarded to Superintendent: Date				
(If principal was not the inve	estigator)					
Signature and Title:		Date:				