

Appendix A MARBLEHEAD PUBLIC SCHOOLS BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Name of Reporter/Person Filling the Report	
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(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: Target of the behavior: Reporter (not the target):

Check whether you are a: Student Parent Administrator
 Staff Member (specify role) _____ Other (specify) _____

Contact Information:	
Phone Number(s):	

If student, state your school:		Grade:	
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If staff member, state your school or work site:	
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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 who saw the incident or have information about it):

Name: _____	<input type="checkbox"/>	Student	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Other	
Name: _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Name: _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Name: _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

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.

(Describe or attach available documentation such as video, notes, emails, texts or other; attach additional pages as needed.)

FOR ADMINISTRATIVE USE ONLY

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

Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____

