

**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: _____

Appendix B (cont.)
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INVESTIGATION

Investigator(s):	Positions(s):
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INTERVIEWS

<input type="checkbox"/> Interviewed aggressor	Name: _____	Date: _____
<input type="checkbox"/> Interviewed target	Name: _____	Date: _____
<input type="checkbox"/> Interviewed witnesses	Name: _____	Date: _____
	Name: _____	Date: _____
	Name: _____	Date: _____

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 if needed)

CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation: YES NO

<input type="checkbox"/> Bullying	<input type="checkbox"/> Incident documented as _____
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Discipline referral only _____

2. Contacts:

<input type="checkbox"/> Target's parent/guardian Date: _____	<input type="checkbox"/> Aggressor's parent/guardian Date: _____
<input type="checkbox"/> District Equity Coordinator (DEC) Date: _____	<input type="checkbox"/> Law Enforcement Date: _____

3. Action Taken:

<input type="checkbox"/> Loss of Privileges	<input type="checkbox"/> Detention	<input type="checkbox"/> STEP referral	<input type="checkbox"/> Suspension
<input type="checkbox"/> Community Service	<input type="checkbox"/> Education	<input type="checkbox"/> Other _____	

1. 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: _____