

Mashpee Public Schools
Bullying Prevention and Intervention Incident Reporting Form
Part I – Information

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 school: _____ **Grade:** _____

5. If staff member, state your school or work site: _____

6. Information about the Incident:

Name of Target: _____

Name of Aggressor: _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s): _____

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 paper if necessary.

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: _____ **Date:** _____

(Note: Reports may be filed anonymously.)

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

Signature: _____ **Date Received:** _____

Part II– Investigation

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

2. Interviews:

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

3. Any prior documented incidents by the aggressor? Yes _____ No _____

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

5. Any previous incidents with findings of BULLYING, RETALIATION Yes _____ No _____

Summary of Investigation:

(Please use additional paper and attach to this document as needed)

Part III– Conclusions from the Investigation

1. Finding of bullying or retaliation:

- | | |
|------------------------------------|-----------------------------------|
| Yes _____ (please check one below) | No _____ (please check one below) |
| Bullying _____ | 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 _____ (dates) _____ Referral _____ Suspension _____ (dates) _____

Community Service _____ (dates) _____ 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 _____

Signature and Title: _____ Date: _____