Loving to learn and learning to grow at… St. Mary's Catholic School
330 Pratt St. Mansfield, Massachusetts 02048-1581

Tel: 508-339-4800 email: info@stmarymansschool.org
Fax: 508-337-2063 Web: www.stmarymansschool.org

Proudly accredited by the New England Association of Schools and Colleges

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

I. REPORT

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 school:** _____, _____ **Grade:** _____
(Town)

5. **If staff member, state your school or work site:** _____,_____
(Town)

---

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 extra space on back or additional paper and attach to this document as needed.)

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

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

Signature of Person Receiving this Report: _____ Date Received: _____

FOR ADMINISTRATIVE USE ONLY

II. INVESTIGATION

1. **Investigator(s):** _____ **Position(s):**_____
   _____ **Position(s):**_____
2. **Interviews:**
   - □ **Interviewed aggressor** **Name:** _____ **Date:** _____
   - □ **Interviewed target** **Name:** _____ **Date:** _____
   - □ **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 extra space on back or additional paper and attach to this document as needed.)

III. CONCLUSIONS FROM THE INVESTIGATION

1. **Finding of bullying or retaliation:**
   - □ **YES**
     - □ **Bullying**
     - □ **Retaliation**
   - □ **NO**
     - □ **Incident documented as** _____
     - □ **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:** _____