



BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. **Name of Reporter/Person Filing the Report:** This line may be left blank if an anonymous report is being made
(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:** _____

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

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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): _____

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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 _____

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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 space on back if necessary.**



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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: _____

II. INVESTIGATION

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

2. Interviews:

<input type="checkbox"/> Interviewed aggressor	Name: _____	Date: _____
<input type="checkbox"/> Interviewed target	Name: _____	Date: _____
<input type="checkbox"/> 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 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: _____
- ☐ Target's District contact Date: _____
- ☐ Law Enforcement Date: _____
- ☐ Aggressor's parent/guardian Date: _____
- ☐ Aggressor's District contact Date: _____

3. Action Taken:

- ☐ Loss of Privileges ☐ 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 Head of School: Date _____
(If principal was not the investigator)

Signature and Title: _____ Date: _____