BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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/Guardian ☐ Administrator ☐ Other (specify) ____________________________

   Your contact information/telephone number: Immaculate Conception Parish School 781-284-0519

4. If student, state your school: ___________________________________________ Grade: _____________

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

   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 additional sheets of paper if necessary and attach them to this document.

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:
   ☐ Interviewed Aggressor Name: ____________________________ Date: __________
   ☐ Interviewed Target Name: ____________________________ Date: __________
   ☐ Interviewed witnesses Name: ____________________________ Date: __________
Immaculate Conception Parish School
Revere, Massachusetts

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 sheets of paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:
   □ YES □ NO
   □ Bullying □ Incident documented as ___________________________
   □ Retaliation □ Discipline referral only________________________

2. Contacts:
   □ Target’s parent/guardian   Date: ______________ □ Aggressor’s parent/guardian   Date: ______________
   □ Catholic Schools Office   Date: ______________ □ Law Enforcement   Date: ______________

3. Action Taken:
   □ Loss of Privileges □ Detention □ 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 __________________
   (If principal was not the investigator)

Signature and Title: ________________________________ Date: ______________