

Attachment 2
BULLY PREVENTION AND INTERVENTION HOTLINE – (617) 592-2378
BOSTON PUBLIC SCHOOLS

APPENDIX A
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. **Name of Reporting/Person Filling 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:** _____
If staff member, state your school or work site: _____

5. **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): _____

6. **Witnesses (List people who saw the incident or have information about it):**
Name: _____ Student Staff Other
Name: _____ Student Staff Other
Name: _____ Student Staff Other

7. **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.**

FOR ADMINISTRATIVE USE ONLY

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

9. Form Given to: _____ Position: _____ Date: _____

APPENDIX A

Signature: _____ Date Received: _____

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

6. Summary of Investigation: _____

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation: YES NO

2. Incident documented as Bullying Retaliation Discipline referral only

3. Contacts:

Target's parent/guardian _____ Date: _____

Aggressor's parent/guardian _____ Date: _____

4. Action Taken:

- Loss of Privileges Detention STEP referral Suspension
 Community Service Education Other _____

5. Describe Safety Planning: _____

6. Follow-up with Target: scheduled for _____ Initial and date when completed: _____

7. Follow-up with Aggressor: scheduled for _____ Initial and date when completed: _____

8. Report forwarded to Principal: Date _____

9. Report forwarded to Superintendent (If principal was not the investigator) Date _____

Signature and Title: _____ **Date** _____

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