

## DPS BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Massachusetts Law defines bullying as "the repeated use by one or more students of a written or electronic expression or physical act or gesture or any combination thereof, directed at a victim that: (i) causes physical or emotional harm to the victim or damage to the victim's property; (ii) places the victim in reasonable fear of harm to himself or of damage to his property; (iii) creates a hostile environment at school for the victim; (iv) infringes on the rights of the victim at school; or (v) materially and substantially disrupts the education process or the orderly operation of a school. Bullying also includes cyber-bullying."

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:** \_\_\_\_\_

5. **If staff member, state your school or work site:** \_\_\_\_\_

### 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 additional space on back 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:** \_\_\_\_\_

**II. INVESTIGATION**

1. Investigator(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 additional 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: \_\_\_\_\_
- District Civil Rights Coordinator      Date: \_\_\_\_\_       Law Enforcement      Date: \_\_\_\_\_

3. Action Taken:

- Loss of Privileges     Detention     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)