

ATTLEBORO PUBLIC SCHOOLS
Attleboro, Massachusetts

INCIDENT REPORTING FORM FOR BULLYING PREVENTION AND INTERVENTION

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:** _____
-

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:** _____

