## BELCHERTOWN PUBLIC SCHOOLS BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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)	1.	Name of Reporter/Person Filing the Report:(Note: Reports may be made anonymously, but no disciplin basis of an anonymous report.)	nary action will be taken aga	ainst an a	alleged aggres	ssor solely on the	_
3. Check whether you are a: Student Staff member (specify role)	2.		ehavior 🗀	Reporte	er (not the t	arget)	
Your contact information/telephone number:	3.	Check whether you are a: ☐ Student ☐ Sta				<del></del>	_
Your contact information/telephone number:  4. If student, state your school:		☐ Parent ☐ Adı	ministrator $\Box$ Ot	her (sp	ecify)		_
5. If staff member, state your school or work site:    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):		Your contact information/telephone number:					_
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):  Name:  Student Staff Other  Name:  Student Staff Other  Name:  Student Staff Other  Name:  Student Staff Other  Name:  Pare additional space on back if necessary.  FOR ADMINISTRATIVE USE ONLY  9. Signature of Person Filing this Report:  (Note: Reports may be filed anonymously.)  10: Form Given to:  Position:  Date:	4.	If student, state your school:		Grade:			
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  Name:  Pare 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:  (Note: Reports may be filed anonymously.)  10: Form Given to:  Date:  Date:	5.	If staff member, state your school or work site:					
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  Name:  Pare:  Name:  Student Staff Other  Name:  Student Staff Other  Name:  Student Staff Other  Date:  Student Staff Other  Date:  FOR ADMINISTRATIVE USE ONLY  9. Signature of Person Filing this Report:  (Note: Reports may be filed anonymously.)  Position:  Position:  Date:  Date:  Date:  Date:	6.	Information about the Incident:					
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: Name: Student Staff Other Name: Student Staff Other Name: Student Staff Other  Name: Part Student Staff Other  Name: Student Staff Other  Position:  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: (Note: Reports may be filed anonymously.)  10: Form Given to: Position: Date:  Date:		Name of Target (of behavior):					
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  Name:  Parallel Staff Other  Name:  Student Staff Other  Name:  Student Staff Other  Parallel Staff Other  Date:  FOR ADMINISTRATIVE USE ONLY  9. Signature of Person Filing this Report:  (Note: Reports may be filed anonymously.)  10: Form Given to:  Position:  Date:  D		Name of Aggressor (Person who engaged in the	e behavior):				
The student of location of loc		Date(s) of Incident(s):					
7. Witnesses (List people who saw the incident or have information about it):    Name:		Time When Incident(s) Occurred:					_
Name: Student Staff Other		Location of Incident(s) (Be as specific as possible	ole):				
9. Signature of Person Filing this Report:		Name:  Describe the details of the incident (including nam	Student es of people involved,	Staff what of	Other		_
10: Form Given to: Date: Date:	9.	Signature of Person Filing this Report:			D	ate:	
	10		Pacition:			Data	
Signature: Date Received:	ıU						
		Signature:		[	Date Receiv	ed:	_

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 Incident	s by the aggressor?	□ Yes □ No	
	If yes, have incident	ts involved target or to	arget group previously?	□ Yes □ No
	Any previous incide	ents with findings of B	BULLYING, RETALIATION	□ Yes □ No
Su	mmary of Investigation:			
	(Pleas	e use additional paper	and attach to this document	as needed)
III.	CONCLUSIONS FROM THE INVE	ESTIGATION		
1.	Finding of bullying or retaliation	1:		
	□ YES		□ <b>NO</b>	
	□ Bullying		□ Incident documente	d as
	□ Retaliation		□ Discipline referral o	nly
2.	Contacts:			
	□ Target's parent/guardian	Date:	□ Aggressor's parent/ç	juardian Date:
	□ District Equity Coordinat	or (DEC) Date:	□ Law Enforce	ement Date:
3.	Action Taken:	, ,		
	□ Loss of Privileges □ De	etention 🗆 STEP refe	erral □ Suspension	
	□ Community Service □ E	ducation □ Other	-	
4.	Describe Safety Planning:			
	•			and date when completed:
				and date when completed:
	. oo ap min / 1991 000011			
Re	port forwarded to Principal: Date	ə	Report forwarded to Supe	erintendent: Date
	(If principal was not the invest		•	
	Signature and Title:			Date: