MASS ACADEMY OF MATH AND SCIENCE
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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: __________
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 Equity Coordinator (DEC) Date: ______________ □ Law Enforcement Date: ______________

3. Action Taken:
   □ Loss of Privileges □ Detention □ STEP 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 Director: Date ______________
(If Director was not the investigator)

Signature and Title: __________________________________________ Date: __________________