

Saint Michael School
80 Maple Avenue
North Andover, MA 01845



Phone (978) 686-1862
Fax (978) 688-5144
st-michael@comcast.net
www.saintmichael.com

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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/Guardian 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 _____

Turn Over

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 sheets of paper if necessary and attach them to this document.

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:** _____

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II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____

2. Interviews:

- | | | |
|------------------------------------------------|-------------|-------------|
| <input type="checkbox"/> Interviewed Aggressor | Name: _____ | Date: _____ |
| <input type="checkbox"/> Interviewed Target | Name: _____ | Date: _____ |
| <input type="checkbox"/> 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 sheets of paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:

YES NO

- | | |
|--------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Incident documented as _____ |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Discipline referral only _____ |

2. Contacts:

- Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____
 Catholic Schools Office Date: _____ Law Enforcement Date: _____

3. Action Taken:

- Loss of Privileges Detention 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 Principal: Date _____

(If principal was not the investigator)

Signature and Title: _____

Date: _____