



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** [] **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 the 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 _____ Report forwarded to Superintendent: Date _____
(If Director was not the investigator)

Signature and Title: _____ Date: _____



BULLYING PREVENTION AND INTERVENTION INCIDENT ANONYMOUS REPORTING FORM

BOSTON RENAISSANCE CHARTER PUBLIC SCHOOL

Anonymous Reporting Form (617) 357 0900 Ext 5319

1. Has the school been notified?

YES _____ NO _____

2. If yes, what action was taken?

3. Who was the school contact?

If the reporter answers "no" to question 1 -

4. Is there a reason the school was not contacted? _____

5. Inform the reporter that the school will be contacted and that the reporter will be contacted for follow up.

6. Signature of Person Filing this Report: _____ Date: _____

For more information about this circular, contact:

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