



KIMBERLY B. SHAVER-HOOD  
SUPERINTENDENT OF SCHOOLS

BLACKSTONE-MILLVILLE REGIONAL SCHOOL DISTRICT

175 LINCOLN STREET

BLACKSTONE, MASSACHUSETTS 01504

(508) 883-4400 OPTION #9 (508) 883-9892 FAX LINE

Website: www.bmrds.net

**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 back if necessary.**

**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:

- 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  Warning  Suspension (I.S./O.S)
- Mandate Counseling  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 \_\_\_\_\_ Report forwarded to Superintendent: Date \_\_\_\_\_  
(If principal was not the investigator)

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_