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.

   ____________________________ ____________________________
   ____________________________ ____________________________
   ____________________________ ____________________________

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: ______

Boston Renaissance Charter Public School

II. INVESTIGATION

1. Investigator(s): _____________________ Position(s): ________________

2. Interviews:
   - interviewed aggressor Name: __________________ Date: ____________
   - interviewed target Name: __________________ Date: ____________
   - interviewed witnesses 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
     - □ Retaliation
     - Incident documented as __________________________

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 Principal: Date ____________
Report forwarded to Superintendent: Date ____________

(if principal was not the investigator)

Signature and Title: ____________________________ Date: ____________