

**AYER SHIRLEY REGIONAL SCHOOL DISTRICT
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:
(H) _____ (W) _____ (C) _____

Email _____

4. If student, state your school: _____ Grade: _____

5. If staff member, state your school or work site: _____

6. Information about the Incident:

Name of the Target of the bullying behavior: _____

Name of the 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:** _____

FOR ADMINISTRATIVE USE ONLY

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

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:

YES: NO, Discipline referral only

Bullying

Retaliation

2. Record of 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 Suspension

Community Service Develop Safety Plan Other _____

4. Describe Safety Planning:

ASRSD Administrator Signature and Title: _____ Date: _____

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)