

Bay Path Regional Vocational Technical High School  
Bullying Prevention and Intervention Incident Reporting Form

Name of Reporter/Person Filing 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.)

Check whether you are the:  Target of the behavior  Reporter (not the target)

Check whether you are a: Student  Parent  Teacher   
Administrator  Other  (please specify) \_\_\_\_\_

Your contact information/telephone number: \_\_\_\_\_

If a student, state your school: \_\_\_\_\_ Grade: \_\_\_\_\_

If a Staff member, state your department \_\_\_\_\_

Information about the incident:

Name of Target (of behavior): \_\_\_\_\_

Name of Aggressor (Person who engaged in the behavior): \_\_\_\_\_

Date(s) of Incident(s): \_\_\_\_\_ Time(s) when Incident(s) occurred: \_\_\_\_\_

Location of Incident(s) (Be as specific as possible): \_\_\_\_\_

Witnesses (list of people who saw the incident or have information about it):

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

Describe the details of the incident (including names of those involved, what occurred, and what each person did and said, including specific words used). Use space on back if necessary.

Signature of Person filing this Report: \_\_\_\_\_ Date: \_\_\_\_\_

Form Given to: \_\_\_\_\_ ~~Position~~ \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Receipt \_\_\_\_\_ Date: \_\_\_\_\_

# Investigation

Investigator(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

## Interviews:

- Interviewed aggressor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Interviewed target Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Interviewed witnesses Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 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:

## CONCLUSIONS FROM THE INVESTIGATION

Finding of Bullying or Retaliation  Yes  No Check One: Bullying  Retaliation

## Contacts:

- Target's parent/guardian Date: \_\_\_\_\_  Aggressor's parent/guardian Date: \_\_\_\_\_  
 Guidance Councilor Date: \_\_\_\_\_  Law Enforcement Date: \_\_\_\_\_

Action Taken:  Verbal Warning  Detention  Saturday Detention  Suspension  
 Other \_\_\_\_\_

Describe Safety Planning \_\_\_\_\_

Follow-up with TARGET: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Follow-up with Aggressor Scheduled for \_\_\_\_\_ ~~Initial~~ date when completed: \_\_\_\_\_

Report forwarded to Principal: Date \_\_\_\_\_

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