

North Reading Public Schools

Bullying Incident Report Form

Please complete this form within 24 hours of your oral or written report to the principal or designee after taking all steps practical to assure the immediate safety of the student(s). The requirement to report to the principal or designee does not limit the authority of the staff member to respond to behavioral or disciplinary incidents consistent with school or district policies and procedures for behavior management and discipline.

1. Name of Reporter/Person Filing this 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 telephone number: (_____) _____ 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 Target (of behavior): _____

Name of Alleged 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	_____
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Name	Student	Staff	Other	_____
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Name	Student	Staff	Other	_____
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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 paper and attach to this document.

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

10. Form Given to: _____ Date: _____

Name of Building Principal/Designee

Office Stamp/Administrator Signature: _____ Date Received: _____

Reports may be filed anonymously by sending a letter to Sean Killeen, Title IX Coordinator, 189 Park Street, North Reading, MA, 01864. No Disciplinary action will be taken solely on the basis of an anonymous report.

North Reading Public Schools
Bullying Incident Investigation Form

I. INVESTIGATION

1. Investigator(s): _____ Position(s): _____

2. Interviews:

- ☐ Interviewed alleged aggressor Name: _____ Date: _____
- ☐ Interviewed alleged target Name: _____ Date: _____
- ☐ Interviewed alleged witnesses Name: _____ Date: _____
- Name: _____ Date: _____

3. Any prior documented incidents by the alleged 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)

II. 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 Title IX Coordinator Date: _____ ☐ Law Enforcement Date: _____

3. Action Taken:

☐ Loss of Privileges ☐ Detention ☐ Suspension

☐ Community Service ☐ Education ☐ Other _____

4. Describe Safety Planning:

Remember to follow-up with both the alleged target and aggressor and complete the Incident Follow-Up Report Form.

Report forwarded to Principal: Date _____ Report forwarded to Assistant Superintendent.: Date _____
(If principal was not the investigator)

Signature and Title: _____ Date: _____

North Reading Public Schools
Bullying Incident Follow-Up Report Form

Within a reasonable period of time following the determination and the ordering of remedial and/or disciplinary action, the principal or designee will contact the target to determine whether there has been a recurrence of the prohibited conduct and whether additional supportive measures are needed. If so, the principal or designee will work with appropriate school staff to implement them immediately.

Additionally, within a reasonable period of time the principal or designee may contact either the target and/or the aggressor to determine whether there has been any retaliation and whether additional supportive measures are needed.

Target Name (last, first, middle)	D.O.B	Grade
Alleged Aggressor (last, first, middle)	D.O.B	Grade

- ☐ Matter has been resolved and problem has not continued.
- ☐ Matter has not been resolved and the problem continues.

Comments:

Immediate Concerns:

Report forwarded to Principal: Date_____ **Report forwarded to Asst. Superintendent: Date**_____
(If principal was not the investigator)

Signature and Title: _____

Date: _____