M.G.L. c. 71, § 37O
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Part I. Reporting
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. 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): _________________________________________________

6. 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: _______________

Part 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 □ Retaliation

   □ Incident documented as __________________________
   □ 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 □ Outside referral □ Suspension
   □ Community Service □ Other __________________________

4. Describe Safety Planning:
   Mediation between Aggressor and Target Initial and date when completed: __________
   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 Head of School: Date ______________
(If Head of School was not the investigator)

Signature and Title: ___________________________ Date: ______________