

# Cohasset Public Schools' Bullying Prevention and Intervention Plan Incident Reporting Form

**Name of Reporter/Person Filing the Report:** \_\_\_\_\_ (Note: Reports may be made anonymously, unless the person filing the report is staff member. No disciplinary action will be taken against an alleged aggressor, however, 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** \_\_\_\_ **Staff member (specify role)** \_\_\_\_\_

**Parent** \_\_\_\_ **Administrator** \_\_\_\_ **Other (specify)** \_\_\_\_\_

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

If student, state your school \_\_\_\_\_ If staff member, state your school/work site: \_\_\_\_\_

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### **Information About Incident**

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

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

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

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

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### **Witnesses** (List people who saw the incident or have information about it)

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

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

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

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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.

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Signature of person filling out this report: \_\_\_\_\_ Date: \_\_\_\_\_

Form given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Administrative Use Only**

Signature of person receiving the report: \_\_\_\_\_ Date Received: \_\_\_\_\_

**I. INVESTIGATION**

1. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

**2. Interviews:**

\_\_\_ Interviewed alleged target Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Interviewed alleged aggressor Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Interviewed witnesses Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

3. Are there any prior allegations relevant to bullying or retaliation involving the alleged target? YES NO

4. Are there any prior allegations relevant to bullying or retaliation involving the alleged aggressor? YES NO

Summary of Investigation: (Please use additional paper and attach to this document as needed)

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**II. CONCLUSIONS FROM THE INVESTIGATION**

1. Finding of bullying: YES NO Finding of retaliation: YES NO Documented as: \_\_\_\_\_

2. If bullying or retaliation, disciplinary action taken: \_\_\_ verbal warning \_\_\_ written warning \_\_\_ reprimand \_\_\_ loss of recess \_\_\_ detention \_\_\_ short-term suspension (up to 10 school days) \_\_\_ long-term suspension (more than 10 school days) \_\_\_ expulsion

3. If bullying or retaliation, list any other action taken (other than discipline) to prevent recurrence of bullying or retaliation:

\_\_\_\_\_

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 \_\_\_\_\_

5. If conduct does not meet definition of bullying or retaliation but nevertheless is conduct that inappropriate for the school environment, list any action taken, including disciplinary action:

\_\_\_\_\_

6. Contacts: \_\_\_ Target's parents Date: \_\_\_ \_\_\_ Aggressor's parents Date: \_\_\_

\_\_\_ Law Enforcement Date: \_\_\_ (Note principal or designee contacts law enforcement only if s/he has a reasonable basis to believe that criminal charges may be pursued against the aggressor and then must document reasons for notifying law enforcement)

Report forwarded to: Principal - date \_\_\_\_\_ Superintendent – date \_\_\_\_\_

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