

**MASS ACADEMY OF MATH AND SCIENCE  
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM**

1. **Name of Reporter/Person Filing the Report:** This line may be left blank if an anonymous report is being made  
(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. If staff member, state your school or work site: \_\_\_\_\_

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6. **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): \_\_\_\_\_

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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 \_\_\_\_\_

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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 space on back if necessary.**

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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:** \_\_\_\_\_

## II. INVESTIGATION

1. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_
2. Interviews:
- |  |             |             |
|--|-------------|-------------|
| <input type="checkbox"/> Interviewed aggressor | Name: _____ | Date: _____ |
| <input type="checkbox"/> Interviewed target    | Name: _____ | Date: _____ |
| <input type="checkbox"/> 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:
- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> YES         | <input type="checkbox"/> NO                             |
| <input type="checkbox"/> Bullying    | <input type="checkbox"/> Incident documented as _____   |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Discipline referral only _____ |
2. Contacts:
- |  |             |  |             |
|--|-------------|--|-------------|
| <input type="checkbox"/> Target's parent/guardian          | Date: _____ | <input type="checkbox"/> Aggressor's parent/guardian | Date: _____ |
| <input type="checkbox"/> District Equity Coordinator (DEC) | Date: _____ | <input type="checkbox"/> Law Enforcement             | Date: _____ |
3. Action Taken:
- |   |                                    |  |                                     |
|---|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Detention | <input type="checkbox"/> STEP referral | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Community Service  | <input type="checkbox"/> Education | <input type="checkbox"/> Other _____   |                                     |
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: \_\_\_\_\_

Report forwarded to Director: Date \_\_\_\_\_  
(If Director was not the investigator)

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