West Springfield Public Schools
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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) ____________________________

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 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 ____________________________
   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: ___________
II. INVESTIGATION

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

2. Interviews:
   - [ ] interviewed aggressor  Name: _______________________________ Date: __________________
   - [ ] interviewed target  Name: _______________________________ Date: __________________
   - [ ] interviewed witnesses  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
     - [ ] Incident documented as __________________________
     - [ ] Retaliation
     - [ ] 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
   - [ ] STEP referral
   - [ ] Suspension
   - [ ] Community Service
   - [ ] Education
   - [ ] 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 Principal: Date __________________________ Report forwarded to Superintendent:
   Date __________________________
   (If principal was not the investigator)
   Signature and Title: __________________________ Date: ____________