

Saint Michael School  
80 Maple Avenue  
North Andover, MA 01845



Phone (978) 686-1862  
Fax (978) 688-5144  
st-michael@comcast.net  
www.saintmichael.com

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## 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/Guardian  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 \_\_\_\_\_

Turn Over

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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 sheets of paper if necessary and attach them to this document.

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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: \_\_\_\_\_

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## 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 sheets of paper and attach to this document as needed)

## III. CONCLUSIONS FROM THE INVESTIGATION

### 1. Finding of bullying or retaliation:

YES

NO

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Bullying    | <input type="checkbox"/> Incident documented as _____   |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Discipline referral only _____ |

**2. Contacts:**

- Target's parent/guardian    Date: \_\_\_\_\_  Aggressor's parent/guardian    Date: \_\_\_\_\_  
 Catholic Schools Office    Date: \_\_\_\_\_  Law Enforcement    Date: \_\_\_\_\_

**3. Action Taken:**

- Loss of Privileges     Detention     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** \_\_\_\_\_

(If principal was not the investigator)

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

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