WORCESTER 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)
   Your contact information/telephone number:

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) (Victim):
   Name of Aggressor (person who engaged in the behavior) (Bully):
   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.

9. □ Check box if the target has been harassed due to membership in a protected class such as (mark as appropriate):
   □ Race/color  □ Religion  □ Gender  □ National origin  □ Disability  □ Sexual orientation  □ Gender Identity  □ Citizenship status
   If the box is checked, please identify the protected class, report to the School Safety Director and follow protocols for response.

10. Signature of person filing this report:  ____________________________  Date:  __________
    (Note: Reports may be filled anonymously)

11. Form given to:  ____________________________  Position:  ____________________________  Date:  __________

*** FOR ADMINISTRATIVE USE ONLY ***

Completed forms may be submitted to your school's office or mailed/faxed to the School Safety Office, Worcester Public Schools, 20 Irving Street, Room 101, Worcester, MA 01609, or faxed to 508-799-3173.

Call or Email the School Safety Office with any questions regarding the bullying reporting procedure at 508-799-3472 or reportbullying@worcesterschools.net.

Visit http://worcesterschools.org/bullying-prevention to obtain copies of this form and obtain additional information and resources.

Revised: August 2019