WORCESTER PUBLIC SCHOOLS

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1.	Name of Reporter/Person Filing the Report:						
2.	Check whether you are the: \square Target of the behavior \square Reporter (not the target)						
3.	Check whether you are a:		☐ Staff mem☐ Administra				
	Your contact information,	telephone/	number:				
4.	If student, state your sch	ool:				_ 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):						
Time when incident(s) occurred:							
	ocation of incident(s) (be as specific as possible):						
7.	7. Witnesses (List people who saw the incident or have information about it):						
	Name:		Student	\square Staff	□ Other:		
	Name:		Student	□ Staff	□ Other:		
	Name:		Student	☐ Staff	□ Other:		
8.	Describe the details of the what each person did and if necessary.						
9.	Check box if the target hat (mark as appropriate): □Race/color		_		ship in a pro	otected class such as □Gender Identify	
		□Religion □Disability		ual Orient	ation	☐Citizenship status	
	If the box is checked, ple follow protocols for response	ase identify					
10.	0. Individual filing this report:				Date:		
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 Quadrant Office, Worcester Public Schools, 20 Irving Street, Room 102, Worcester, MA 01609, or faxed to 508-799-3016.

Call or Email the Quadrant Office with any questions regarding the bullying reporting procedure at **508-799-3499**.

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

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