

# FALL RIVER PUBLIC SCHOOLS

"The Scholarship City"

417 Rock Street, Fall River, MA 02720

Maria Pontes, Superintendent of Schools

## BULLYING AND HARASSMENT INCIDENT REPORTING FORM FALL RIVER PUBLIC SCHOOLS

\*If concerned about anyone's immediate physical safety, please call 911 first, then notify an administrator.

1. **Name of Reporter:** \_\_\_\_\_

(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. **State your school or work site:**

B.M.C. Durfee High School

Resiliency Prep

Kuss Middle School

Resiliency Middle

James Madison Morton

Edmond Talbot

Stone Day School

John Doran

Carlton Viveiros

Mary Fonseca

Samuel Watson

James Tansey

Frank Silvia

Alfred Letourneau

William Greene

Spencer Borden

5. **Information about the Incident:**

**Name of Target** (of behavior) \_\_\_\_\_

**Name of Aggressor** (alleged bully/harasser): \_\_\_\_\_

**Date(s) of Incident(s):** \_\_\_\_\_

**Time When Incident(s) Occurred** \_\_\_\_\_

Approved by FRSC 10.18.21

**Location of Incident(s)** (Be specific.) \_\_\_\_\_

**6. Witnesses** (List of people who saw the incident or have information about it):

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

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

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

Student       Staff       Other \_\_\_\_\_

Student       Staff       Other \_\_\_\_\_

Student       Staff       Other \_\_\_\_\_

Additional List of Witnesses is attached to this form.

