



**APPENDIX A
DOVER-SHERBORN PUBLIC SCHOOLS
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM**

Date of Report:	Person(s) Completing Form:		
Location of Incident:	Date of Incident:	Time of Incident (if known):	
Name of Target (behavior):			
Name of Aggressor: (person who engaged in the behavior)			
*While reports may be made anonymously, no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.			

Witnesses (list people who saw the incident or have information about it):			
Name:	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other_____
Name:	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other_____
Name:	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other_____

Check whether you are the:	<input type="checkbox"/> Target of the behavior	<input type="checkbox"/> Reporter (not the Target)		
Check whether you are the:	<input type="checkbox"/> Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Staff Member or Administrator (specify)
Contact information	Home and/or cell:		E-mail:	
	If you are a student, please indicate your school:	Please indicate your grade:	If you are a staff member, please indicate your school and/or work location:	



Please 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 pages if necessary.

A large, empty rectangular box with a black border, intended for the user to describe the details of the incident.

All of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____



FOR ADMINISTRATIVE USE ONLY

Name of Person receiving the form:	Position:	Date:
Date Received:	Signature:	

INVESTIGATION CONDUCTED (Check all that apply and attach a separate sheet if necessary.)

School of Incident:	Date of Incident:	Time of Incident (if known):
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Interviewed Reporter Name: _____ Date: _____

Description of alleged bullying:

Interviewed Alleged Victim(s) Name(s): _____ Date: _____

Description of alleged bullying:

Interviewed Alleged Aggressor(s) Name(s): _____ Date: _____

Description of alleged bullying:



Interviewed Witness(es)

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Description of alleged bullying:

Interviewed Parent(s)/Guardian(s) of Alleged Victim Name(s): _____ Date: _____

Summary of the interview:

Interviewed Parent(s)/Guardian(s) of Alleged Aggressor Name(s): _____ Date: _____

Summary of the interview:

Any prior documented incidents by the alleged aggressor? Yes No



DOCUMENTATION AND NOTIFICATION REQUIREMENTS

Date of Incident report:

Date investigation began:

Date investigation completed:

Where did the incident happen (choose all that apply?)

- Classroom Lunchroom School Bus Locker Room/Area Restroom Hallway Bus Stop
 Parking Lot On the way to/from school Playground Internet Cell Phone At a school-sponsored activity or event off school property Other (please specify) _____

Check all items below that apply:

VERBAL

- name-calling taunting/ridiculing mocking making offensive comments teasing
 demeaning comments other (please state) _____

PHYSICAL

- kicking hitting/punching pushing pinching stalking inappropriate touching physical Injuries
(please state) _____ other (please state) _____

EMOTIONAL

- offensive graffiti excluding from group spreading rumors being forced to do something his/her will taking possessions/money

EMOTIONAL DISTRESS TO VICTIM

- Evidence of anxiety (including physical symptoms) evidence of internalizing behavior - increased isolation, socially removed changes in school attendance: absences, tardies, changes in grades - school performance changes in affect avoidance of elements of the school day including school bus other (please state) _____

ELECTRONIC AGGRESSION

- offensive text messages offensive emails sending degrading images posting rumors or lies about someone assuming a person's electronic identity with the intent of causing harm
 other (please state) _____

IMBALANCE OF POWER

- bullying based on disability anonymity of online behavior perceived social status discrepancy social skills deficit/struggles exploited creation of social isolation taunting, tormenting, harassing behavior that is perceived as a power imbalance Other (please state) _____



Physical evidence, if available: graffiti notes email websites video/audio

Incident reported to the parent/guardian of an alleged victim within one school day of receipt of bullying complaint?

Yes No Initial of school official: _____

Incident reported to the parent/guardian of an alleged aggressor within one school day of receipt of bullying complaint?

Yes No Initial of school official: _____

Based on this investigation, the school administration determines the following:

There was a determination of bullying? Yes No

Interventions/Consequences (check all that apply)

Victim	Perpetrator	Intervention/Consequences	Notes
		None were Warranted	
		Student conference(s) with administrator	
		Positive behavior interventions	
		Teacher notification plan	
		Other school staff notification	
		Parent meeting(s)	
		Referral to 504, MTSS, Special Education Team	
		Counseling/therapeutic interventions	
		Check - in check out assigned	
		Safety Plan	
		School bus planning/notification	
		Loss of privileges	
		Community Service	
		In-school suspension	
		Out-of-school suspension	
		Other (specify):	



Upon completion of an investigation, the principal/designee will notify the reporter and parents/legal guardian of the students involved in the findings and the results of the investigation.

Student	Parent/Guardian	Date of Notification	Method of Notification	Notes

Summary of Investigation:

Follow up Plan

With Target: scheduled for _____

Initial and date when completed: _____

With Aggressor: scheduled for _____

Initial and date when completed: _____

Principal/Designee Signature:	Date:
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Report forwarded to Superintendent:	Date:
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