

APPENDIX A: Central Berkshire Regional School District Incident Reporting Form

I. REPORT

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. Please leave above blank if you want to report anonymously)

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. If you are a staff member, please indicate how you came to know about this incident. (Please attaché all relevant documents- copies of emails, notes, letters, etc.)

7. 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): _____

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

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

9. 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.

10. **Signature of Person Filing this Report:** _____ **Date:** _____

(Note: Reports may be filed anonymously.)

Please remember to attach all relevant prior documentation.

FOR ADMINISTRATIVE USE ONLY

11: Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____

II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____
2. Interviews:
- Interviewed aggressor Name: _____ Date: _____
- Interviewed target Name: _____ Date: _____
- 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, RETAILIATION, BIAS, HATE SPEECH Yes No

Summary of Investigation:

(Please use additional paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying, retaliation, bias or hate speech:
- | | | |
|-------------|-----|--------------------------------|
| Bullying | Yes | No |
| Retaliation | | Incident documented as _____ |
| Bias | | Discipline referral only _____ |
| Hate Speech | | |
2. Contacts
- Target's Parent/Guardian Date: _____ Aggressor's Parent/Guardian Date: _____
- Name _____ Name _____
- District Equity Coordinator (DEC) Date: _____ Law Enforcement Date: _____
- Name _____
3. Action Taken:
- | | | | |
|--------------------|-----------|---------------|------------|
| Loss of Privileges | Detention | STEP 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 Schedule for: _____ Initial and date when completed: _____
- Report forwarded to Principal: Date _____ Report forwarded to Superintendent: Date _____

Signature and Title: _____ Date: _____

