



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

Please complete the form below to report an incident of bullying. Bullying, as defined in M.G.L. c. 71, § 370, is the repeated use by one or more students or by a member of the school staff of a written, verbal, or electronic expression or a physical act or gesture or any combination thereof, directed at a target that:

- causes physical or emotional harm to the target or damage to the target's property;
- places the target in reasonable fear of harm to the target or of damage to the target's property;
- creates a hostile environment at school for the target;
- infringes on the rights of the target at school; or
- materially and substantially disrupts the education process or the orderly operation of a school.

Person(s) completing the form: _____	Date of Report: _____	
Location of Incident: _____	Date of Incident: _____	Time of Incident: _____
Name of Target: _____	Name of Aggressor: _____	Check whether you are the: <input type="checkbox"/> Target of the behavior <input type="checkbox"/> Reporter (not the target)
*While reports may be made anonymously, no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.		
Check whether you are the: <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify) _____	If you are a student, please indicate your grade : _____ If you are a staff member, please indicate your school and/or work location: _____	
Contact Information: Email - _____ Phone - _____		

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

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.

Please select the behaviors that best describe what happened(select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Cyberbullying |
| <input type="checkbox"/> Hurtful, demeaning remarks or actions | <input type="checkbox"/> Threat |
| <input type="checkbox"/> Maliciously excluding from group | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Defacing clothes or other property | <input type="checkbox"/> Aggression encouraged by others |
| <input type="checkbox"/> Physical violence | <input type="checkbox"/> Rumors or spreading of falsehoods |
| <input type="checkbox"/> Public humiliation | <input type="checkbox"/> Other_____ |

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

Signature: _____ Date: _____



FOR ADMINISTRATIVE USE ONLY

Person Receiving Report: _____	Role of Person Receiving Form: _____	Date of Report Received: _____
Location of Incident: _____	Date of Incident: _____	Time of Incident: _____

Student/Staff Interviews

Person Being Interviewed: _____	Role: <input type="checkbox"/> Reporter <input type="checkbox"/> Aggressor <input type="checkbox"/> Target <input type="checkbox"/> Witness	Date of Interview: _____
Summary of Interview: (Name of Staff Completing Interview: _____)		

Person Being Interviewed: _____	Role: <input type="checkbox"/> Reporter <input type="checkbox"/> Aggressor <input type="checkbox"/> Target <input type="checkbox"/> Witness	Date of Interview: _____
Summary of Interview: (Name of Staff Completing Interview: _____)		

Person Being Interviewed: _____	Role: <input type="checkbox"/> Reporter <input type="checkbox"/> Aggressor <input type="checkbox"/> Victim <input type="checkbox"/> Witness	Date of Interview: _____
------------------------------------	---	-----------------------------

Summary of Interview: (Name of Staff Completing Interview: _____)

Person Being Interviewed: _____	Role: <input type="checkbox"/> Reporter <input type="checkbox"/> Aggressor <input type="checkbox"/> Target <input type="checkbox"/> Witness	Date of Interview: _____
------------------------------------	---	-----------------------------

Summary of Interview: (Name of Staff Completing Interview: _____)

Person Being Interviewed: _____	Role: <input type="checkbox"/> Reporter <input type="checkbox"/> Aggressor <input type="checkbox"/> Target <input type="checkbox"/> Witness	Date of Interview: _____
------------------------------------	---	-----------------------------

Summary of Interview: (Name of Staff Completing Interview: _____)

Person Being Interviewed: _____	Role: <input type="checkbox"/> Reporter <input type="checkbox"/> Aggressor <input type="checkbox"/> Target <input type="checkbox"/> Witness	Date of Interview: _____
------------------------------------	---	-----------------------------

Summary of Interview: (Name of Staff Completing Interview: _____)

Person Being Interviewed: _____	Role: <input type="checkbox"/> Reporter <input type="checkbox"/> Aggressor <input type="checkbox"/> Target <input type="checkbox"/> Witness	Date of Interview: _____
------------------------------------	---	-----------------------------

Summary of Interview: (Name of Staff Completing Interview: _____)

Person Being Interviewed: _____	Role: <input type="checkbox"/> Reporter <input type="checkbox"/> Aggressor <input type="checkbox"/> Target <input type="checkbox"/> Witness	Date of Interview: _____
------------------------------------	---	-----------------------------

Summary of Interview: (Name of Staff Completing Interview: _____)

Historical Information

Have there been any prior documented incidents by the alleged aggressor? Yes No

DOCUMENTATION AND NOTIFICATION REQUIREMENTS		
Name of Aggressor: _____	Name of Victim (s): _____	
Date of Incident: _____	Date Investigation Began: _____	Date of 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 to incident:

VERBAL
<input type="radio"/> name-calling <input type="radio"/> taunting/ridiculing <input type="radio"/> mocking <input type="radio"/> making offensive comments <input type="radio"/> teasing <input type="radio"/> demeaning comments <input type="radio"/> other (please state) _____
PHYSICAL
<input type="radio"/> kicking <input type="radio"/> hitting/punching <input type="radio"/> pushing <input type="radio"/> pinching <input type="radio"/> stalking <input type="radio"/> inappropriate touching <input type="radio"/> physical Injuries (please state) _____ <input type="radio"/> other (please state) _____
EMOTIONAL
<input type="radio"/> offensive graffiti <input type="radio"/> excluding from group <input type="radio"/> spreading rumors <input type="radio"/> being forced to do something against their will <input type="radio"/> taking possessions/money
EMOTIONAL DISTRESS TO VICTIM
<input type="radio"/> Evidence of anxiety (including physical symptoms) <input type="radio"/> evidence of internalizing behavior - increased isolation, socially removed <input type="radio"/> changes in school attendance: absences, tardies, <input type="radio"/> changes in grades - school performance <input type="radio"/> changes in affect <input type="radio"/> avoidance of elements of the school day including school bus <input type="radio"/> other (please state) _____
ELECTRONIC AGGRESSION
<input type="radio"/> offensive text messages <input type="radio"/> offensive emails <input type="radio"/> sending degrading images <input type="radio"/> posting rumors or lies about someone <input type="radio"/> assuming a person's electronic identity with the intent of causing harm <input type="radio"/> other (please state) _____
IMBALANCE OF POWER
<input type="radio"/> bullying based on disability <input type="radio"/> anonymity of online behavior <input type="radio"/> perceived social status discrepancy <input type="radio"/> social skills deficit/struggles exploited <input type="radio"/> creation of social isolation <input type="radio"/> taunting, tormenting, harassing behavior that is perceived as a power imbalance <input type="radio"/> Other (please state) _____

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

Findings and Next Steps

Incident reported to the parent/guardian of an alleged victim within one school day of receipt of bullying complaint? Yes No Date Reported: _____ 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 Date Reported: _____ Initial of school official: _____

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

There was a determination of bullying? Yes No

Interventions/Supports for Target (check all that apply)

Offered	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	
	Other (specify):	

Interventions/Consequences for Aggressor (check all that apply)

Offered	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):	

Notification Documentation

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	Mode of Contact	Date of Contact	Initials of Staff	Notes
Student (Target) _____				
Student (Aggressor) _____				
Parent/Guardian of Target				
Parent/Guardian of Aggressor				
Other _____				
Other _____				

Summary of Investigation

Summary of Interview: (Name of Staff Completing Interview: _____)

Details of Follow Up Plan

Individual	Follow Up Actions	Schedule for Follow Up	Initial When Completed
Student (Target)			
Student (Aggressor)			
Parent of Victim			
Parent of Aggressor			

Principal/Designee Signature: _____ Date: _____

Superintendent Signature: _____ Date : _____
--