



**BULLYING ACTION REPORT FORM  
Tewksbury Public Schools**

**I. INVESTIGATION**

1. Principal/Designee: \_\_\_\_\_ Position(s): \_\_\_\_\_

**2. Interviews:**

Interviewed aggressor(s) 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, RETALIATION  Yes  No

Summary of Investigation:

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

**II. CONCLUSIONS FROM THE INVESTIGATION**

**1. Finding of bullying or retaliation:**

YES

NO

Bullying

Incident documented as \_\_\_\_\_

Retaliation

Discipline referral only \_\_\_\_\_

**2. Contacts:**

Target's parent/guardian Date: \_\_\_\_\_  Aggressor's parent/guardian Date: \_\_\_\_\_

Law Enforcement Date: \_\_\_\_\_

**3. Action Taken:**

Loss of Privileges  Detention  Suspension  Referral

Community Service  Education  Risk Assessment  Other \_\_\_\_\_

4. Describe Safety Planning: \_\_\_\_\_

Follow-up with Target: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Follow-up with Aggressor(s): scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Report forwarded to Principal: Date \_\_\_\_\_ Report forwarded to Superintendent: Date \_\_\_\_\_

(If principal was not the investigator)

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_