



## BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM Tewksbury Public Schools

Harassment and bullying will not be tolerated in the Tewksbury Public Schools. If you are a student, parent/guardian, staff member, volunteer or visitor and wish to report an incident of alleged harassment and/or bullying, please complete this form and return it to the Principal or Designee at the student's school. All School employees are required to report alleged violations. This form can be completed anonymously. Every reported act of bullying or harassment will be investigated and parents/guardians will be informed.

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.)

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. **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):** \_\_\_\_\_

7. **Witnesses (List people who saw the incident or have information about it):**  
**Name:** \_\_\_\_\_  Student     Staff     Other \_\_\_\_\_

**Name:** \_\_\_\_\_  Student     Staff     Other \_\_\_\_\_

**Name:** \_\_\_\_\_  Student     Staff     Other \_\_\_\_\_

8. **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.**

FOR ADMINISTRATIVE USE ONLY

9. **Signature of Person Filing this Report:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Note: Reports may be filed anonymously.)

10: **Form Given to:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_