Community Charter School of Cambridge

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Part I: Incident Information

Initial / Date	Step	
	1	Name of Reporter/Person Filing the 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/Guardian □ Administrator □ Other (specify) Your contact information/telephone number(s):
	4	If student, state your school:
	5	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):
	6	Witnesses (List people who saw the incident or have information about it): Name: □ Student □ Staff □ Other Name: □ Student □ Staff □ Other Name: □ Student □ Staff □ Other
	7	Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Staple the description to this form. □ Description is attached

For Administrative Use Only

Signature of Person Filing this Report: **Date**:
(Reports may be filed anonymously)

Form Given to: **Position**: **Date**:

Signature: **Date Received**:

☐ **Check here if this report was initiated due to information gathered at an IEP meeting**

Updated 8/30/18

Part II: Investigation

Initial / Date	Step	
	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, RETALIATION □ Yes □ No
	4	Summary of Investigation □ Summary is attached

Part III: Conclusions from the Investigation

Initial / Date	Step	
	1	Finding of bullying or retaliation: □ YES □ NO □ Bullying □ Incident documented as: □ Retaliation □ Discipline referral only: Bullying category designation (see complete definition of *Bullying* in Code of Conduct): □ *Bullying (i)* □ *Bullying (ii)* □ *Bullying (iii)* □ *Bullying (iv)* □ *Bullying (v)* □ *Bullying (vi)* □ *Cyberbulling* Full description:
	2	Contacts: □ Target's parent/guardian Date: □ Aggressor's parent/guardian Date: □ District Equity Coordinator (DEC) Date: □ Law Enforcement Date:
	3	Actions taken: □ Loss of Privileges □ Detention □ STEP referral □ Suspension □ Community Service □ Education □ Other
	4	Safety step for target necessary? □ Yes □ No □ If yes, documentation attached? □ changing target's schedule □ changing aggressor's schedule □ seating plan change □ lunch room safety plan □ transportation safety plan □ Follow-up with Target scheduled for □ Follow-up with Aggressor scheduled for

Report forwarded to Head of School □ YES □ NO **Date**

Form Given to: **Position**: **Date**:

Signature and Title: **Date:**

Signature and Title: **Date:**

☐ Copy of report placed in HS/MS Principal's bullying file
☐ Copy of report placed in Director of Guidance's bullying file
☐ Copy of report placed in reporter(s) witness(es) file(s) in HS/MS Principal's office
☐ Copy of report (names redacted) placed in aggressor's file in HS/MS Principal's office
☐ Copy of report placed in Special Programs office, if report initiated at an IEP meeting.