

**Quincy Public Schools
Bullying Report Form**

please make copy and erase this line

1. **Name of Reporter/Person Filing the Report:**

(Note reports may be filed anonymously, however no report shall be supported based on 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:

Name of Person you have concerns about:

Dates(s) of Incident(s):

Time When Incident(s) Occurred:

Location of Incident(s):

7. **Witnesses** (List people who saw the incident or have information about it)

Name: _____ Student _____ Staff _____ Other _____ (parent)

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.

9. Signature of Person Filing this Report: _____ Date _____

(Note: Reports may be filed anonymously)

10. Form Given to: Position Date

Form Given to: Position Date

INTERVIEW

1. Name Position:

2. Interviews:

_____ interviewed Person named in report Name:

_____ Interviewed Target Name:

_____ Interviewed Witnesses Name:

_____ other Name:

Summary:

CONCLUSIONS FROM THE INVESTIGATION

1. **Finding of bullying:** Yes No

_____ Discipline referral only_____

2. Contacts:

Target's parent/guardian

Aggressor's parent/guardian (if a student)

3. Action Taken:

_____Loss of Privileges _____Detention _____Suspension _____Community Service
_____ Education _____Restorative Practice for Resolution _____referred for disciplinary action

Report forwarded to Principal & Superintendent or Superintendent's designee: Date _____

Please send a copy to the Director of Student Support Services:

OTHERS NOTIFIED: _____Guidance Staff _____Classroom Teacher _____After School Staff
_____Coaches _____Other (Parents)

SIGNATURE AND TITLE: _____ **DATE:** _____

(Please be advised that this is an internal document – not to be placed in student records. This is a document to be used for investigative purposes only. This document should be kept as an administrative document in a designated location at each site.)