



# RALPH C. MAHAR REGIONAL & SCHOOL UNION 73

*Consolidated Central Offices*  
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Orange, MA 01364

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## BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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 the back if necessary.

9. Signature of Person Filing this Report: \_\_\_\_\_

Date: \_\_\_\_\_ (Note: Reports may be filed anonymously.)

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

## II. INVESTIGATION

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 a 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)

**III. 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:

\_\_\_\_\_  District Equity Coordinator (DEC) Date: \_\_\_\_\_  Law

**Enforcement Date:** \_\_\_\_\_ **3. Action Taken:**

Loss of Privileges  Detention  STEP referral  Suspension

Community Service  Education  Other \_\_\_\_\_ **4.**

**Describe Safety Planning:**

\_\_\_\_\_

**Follow-up with Target: scheduled for** \_\_\_\_\_

**Initial and date when completed:** \_\_\_\_\_

**Follow-up with Aggressor: 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:**

\_\_\_\_\_

**\*Upon completion of the form please forward to your building principal for investigation purposes.**

*"Soaring To Success"*

The Orange Elementary, Petersham and R.C. Mahar Regional School Districts are Affirmative Action/Equal Opportunity Employers and do not discriminate on the basis of race, color, sex, gender identity, national origin, sexual orientation, ethnicity, gender, religion, disability or age.