PITTSFIELD PUBLIC SCHOOLS
SUSPECTED BULLYING REPORTING AND DETERMINATION FORM (8/24)

1. **Name of Reporter:** _____ **Date:** _____
   (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. Please return form to school or district administration)
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, your school:** _____ **Grade:** _____
5. **If staff member, state your school or work site:** _____

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6. **Information about the Incident:**

   Name of Alleged Target (of behavior): _____
   Name of Alleged 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)**:** _____

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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 _____

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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.**

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9. **Action Taken by Staff Member (if Staff Member is Reporter).**

   □ **Call Target's Parent Date:** _____ □ **Call Aggressor's Parent Date:** _____
   □ **Classroom Intervention Plan - Describe:** _____

10: **Form Given to Administrator:** _____ **Date:** _____ **Time:** _____

Staff Signature: _____ **Date Received:** _____

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II. ADMINISTRATIVE 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 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. Bullying Determination:

□ YES – Bullying Did Occur **□ NO – Bullying Did NOT Occur**

□ Bullying **□ Incident documented as _____**

□ Retaliation **□ Discipline referral only_____**

2. Contacts:

□ Target's parent/guardian Date:_____ □ Aggressor's parent/guardian Date: _____

□ SRO/Law Enforcement Date: _____

3. Action Taken for Aggressor:

□ Disciplinary response: _____

□ Mental Health Referral □ Education □ Parent Meeting/Phone Conference □ Other _____

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4. Describe Safety Planning for Target:

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:** _____