



Lexington Public Schools

146 Maple Street ♦ Lexington, Massachusetts 02420

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

I. INTAKE

- 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.

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- 9. Signature of Person Filing this Report:** _____ **Date:** _____
(Note: Reports may be filed anonymously.)
 - 10. Form Given to:** _____ **Position:** _____ **Date:** _____
Signature: _____ **Date Received:** _____