

Westford Public Schools
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING
FORM

I. REPORT

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 paper and attach to this document as needed.

9. Signature of Person Filing this Report: _____

Date: _____

(Note: Reports may be filed anonymously.)

10. Form Given to: _____ Position: _____ Date: _____
Name of Building Administrator

Administrator Signature: _____ Date Received: _____

For Administrative Use Only

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 target or target group previously? Yes No

Any previous incidents with findings of BULLYING, RETALIATION Yes No

4. Type of Bullying:

Gender _____ Race _____ Disability _____ Other: _____

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: _____

4. Describe Safety Planning: _____

Within three weeks of the conclusion of the investigation the following will occur:

Follow-up with Target: scheduled for _____

Initial and date when completed: _____

Follow-up with Target's parent/guardian: scheduled for _____

Initial and date when completed: _____

Follow-up with Aggressor: scheduled for _____

Initial and date when completed: _____

Follow-up with Aggressor's parent/guardian: scheduled for _____

Initial and date when completed: _____

Report forwarded to Superintendent on: Date: _____

Signature & Title: _____ Date: _____

**WESTFORD PUBLIC SCHOOL
BEHAVIORAL REMEDIATION AGREEMENT FORM (K-5)**

NAME: _____ DATE: _____

GRADE: _____ SCHOOL: _____

TEACHER: _____

1. What is bullying?

2. Do you think you used a bullying behavior, if so which one?

3. Why did you choose that action? What could you have done instead?

4. I agree to change my behavior by:

I will _____.

I will _____.

5. I will need help from the following people and supports.

6. I understand if my behavior does not change the following consequences will occur:

Student Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

**WESTFORD PUBLIC SCHOOL BEHAVIORAL
REMEDATION AGREEMENT (6-12)**

DATE: _____

NAME OF STUDENT: _____

SCHOOL: _____

GRADE: _____

REASON FOR BEHAVIORAL REMEDIATION AGREEMENT:

I AGREE TO THE FOLLOWING **TERMS TO CHANGE MY BEHAVIOR**:

I WILL NEED THE FOLLOWING **SUPPORT (S)** TO HELP ME TO MEET THE OBLIGATIONS OF MY AGREEMENT:

THE **IMPLICATIONS** OF ME NOT MEETING THE EXPECTATIONS ARE AS FOLLOWS:

STUDENT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

ADMINISTRATOR SIGNATURE: _____

DATE: _____