



28 Commons – P.O. Box 178  
 Little Compton, RI 02837-0178  
 Telephone: (401) 635- 9593  
 Fax: (401) 635 –2191  
[www.littlecomptonschools.org](http://www.littlecomptonschools.org)

**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 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 (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: \_\_\_\_\_

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

**INVESTIGATION**

Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

Interviews:

Interviewed aggressor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed target Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed witnesses Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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)

CONCLUSIONS FROM THE INVESTIGATION

Finding of bullying or retaliation:

YES

NO

Bullying Incident documented as \_\_\_\_\_

Retaliation Discipline referral only \_\_\_\_\_

Contacts:

Target's parent/guardian Date: \_\_\_\_\_ Aggressor's parent/guardian Date: \_\_\_\_\_

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

Action Taken:

Loss of Privileges Detention STEP referral Suspension

Community Service Education Other \_\_\_\_\_

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)