

## Civil Rights and Bullying Incident Response Documentation Form - DRAFT

This form should only be filled out by school-based investigators regarding incidents where a PSB student is the subject (the person alleged to have violated the district's Student Civil Rights Policy or Bullying Prevention Policy).

### Section 1

If you have been made aware that a PSB student engaged or was alleged to have engaged in bias-based conduct, sexual misconduct, and/or bullying toward another PSB student, please complete the first section of this form within the same school day if possible, but always within 48 hours of the incident or report of the incident.

### Section 2

Section 2 must be completed within 10 days of the incident or report of the incident. Information in your report, including the names of the parties involved, will be kept confidential to the extent practicable. PSB does not tolerate any form of retaliation against individuals who report a possible policy violation or participate in an investigation. The Office of Student Services will follow up with you to schedule a time to further discuss your submission, if needed.

NOTE: In some situations, you may be able to complete both sections on the same day. However, you may be asked to update the form if the Office of Student Services has clarifying questions.

As you plan and conduct the investigation, you are encouraged to review the district's student civil rights and bullying prevention policies and protocols. If you have any questions, you may contact the Office of Student Services at 617-730-2447.

If you are NOT a school-based investigator and would like to report misconduct towards yourself or someone else, please fill out the Community Incident Reporting Form instead.

\* Indicates required question

### **School-Based Investigator Information**

Please complete the following fields with your information.

DO NOT PROCEED with completing this form if you are not specifically designated by your school leader to complete the investigation. Please contact your principal/head of school to confirm if you are not sure you have been designated.

1. Email \*

2. Today's Date \*

Example: January 7, 2025

3. Investigator's Name \*

4. Investigator's School \*

Mark only one oval.

Amos A. Lawrence School  
Brookline Early Education Program  
Brookline High School  
Edith C. Baker School  
Florida Ruffin Ridley School  
John D. Runkle School  
John Pierce School  
Michael Driscoll School  
Roland Hayes School  
William H. Lincoln School  
Unknown

5. Role at Your School (e.g. principal, assistant head of school, social worker, dean, etc.) \*

6. Investigator's Preferred Phone Number \*

### **Incident Information**

7. What is the nature of the incident(s) you are reporting? \*

Check all that apply.

Bias-Based Conduct By a Student Toward a Student  
Sexual Misconduct By a Student Toward a Student  
Bullying by a Student Toward a Student  
Other Student Misconduct (please check with the Office of Student Services to confirm next steps if the incident(s) include misconduct that does not fall in the previous three categories)

8. Date, Time, and Location of the Incident(s) \*

9. If the incident occurred on a PSB bus, please provide the bus number here.

10. Please describe the incident(s) in as much detail as possible, including who was involved or present, and where and when the incident(s) occurred. \*

For example, if the incident involved a comment, please provide a quote of what was said as accurately as possible. If the incident involved physical contact, please describe the exact location and nature of the touch (e.g. which body parts were touched, over or under the clothes, light or rough touch, etc.). These details will help determine what additional steps need to be taken.

### **Student Information**

Please complete the following fields with information about the students involved in the incident. If any of this information is not yet known, specify "Unknown."

11. Student LASID Number(s) and Grade Level(s) of Subject(s) of the Investigation

12. Student LASID Number(s) and Grade Level(s) of Target(s) of the Alleged Misconduct

13. Student LASID Number(s) and Grade Level(s) of Witness(es) of the Alleged Misconduct

14. Name and Role of Any Adult Witness(es), such as employees or parents

15. To your knowledge, has the subject been involved in any previous bullying, bias-based, or sexual misconduct incidents? (If there is more than one subject, indicate yes if you are aware at least one of the subjects has previously been involved in this type of misconduct.) \*

Mark only one oval.

Yes

No

Unsure

### **Notification Requirements**

Please complete the following fields to indicate who has been notified. If you have not yet notified the required parties, please do so now before completing the rest of this section.

16. Has a 51A been filed? \*

A 51A must be filed if an incident constitutes sexual or other violence, or threats of violence. If you have any questions about whether this incident constitutes sexual violence, please contact the Office of Student Services immediately.

Mark only one oval.

Yes

No

17. Has the Brookline Police Department been contacted? \*

The Brookline Police Department must be contacted if an incident constitutes sexual or other serious violence, or serious threats of violence. If you have any questions about whether this incident constitutes sexual or other serious violence or threats, please contact the Office of Student Services immediately.

Mark only one oval.

Yes

No

18. Has the target's parent/caregiver been notified? \*

In some circumstances, you may not be able to notify the target's parent/caregiver (e.g., concern regarding the target's safety). If this is the case, please select "Other" below and provide relevant information.

Mark only one oval.

Yes

No (If not, explain why in "Other")

Other:

19. Has the subject's parent/caregiver been notified? \*

In some circumstances, you may not be able to notify the subject's parent/caregiver (e.g., a concern regarding the subject's safety). If this is the case, please select "Other" and provide relevant information.

Mark only one oval.

Yes

No (If not, explain why in "Other")

Other:

## **PAUSE HERE**

If you have completed Section 1 above regarding the initial incident, but have not started the investigation: Please press "next" below, scroll past all of Section 2, and submit this Section 1 within the same school day if possible, but always within 48 hours

of the incident. You will have the opportunity to return to edit this form later if you wish. After you submit Section 1, the Office of Student Services will follow up with you within 48 hours to confirm receipt of the form, and/or set up a time to discuss the incident if we have questions.

If you have completed Section 1 regarding the initial incident(s), and have completed the investigation: Please press "next" below to begin completing Section 2.

### **Investigation Summary**

Please begin completing this section of the form only if you have:

- Completed Section 1 of this form regarding the initial incident(s).
- Concluded your investigation into the incident(s).
- Contacted the Office of Student Services if the incident involves sexual or other violence, or threats of violence.

When completing Section 2 of this form, please answer all required questions.

20. Has the target been interviewed? \*

In some circumstances, you may not be able to interview a target (e.g. if a student is nonverbal or has stopped attending school). If this is the case, please select "Other" and provide relevant information.

Mark only one oval.

Yes

No (If not, explain why in "Other")

Other:

21. Target Interview: Summary of Allegation(s) (Required if applicable)

Please provide a written summary of the target's allegations. If you collected one or more written statements or electronic evidence from the target, please upload them at the end of the form.

22. Has the subject been interviewed? \*

In some circumstances, you may not be able to interview a subject (e.g. if a student is nonverbal or has stopped attending school). If this is the case, please select "Other" and provide relevant information.

Mark only one oval.

Yes

No (If not, explain why in "Other")

Other:

23. Subject Interview: Summary of Response to Allegation(s) (Required if applicable)

Please provide a written summary of your conversation with the subject. If you collected one or more written statements or electronic evidence from the subject, please upload them at the end of the form.

24. Have any witnesses been interviewed? \*

Please provide a written summary of your conversations with any student or adult witnesses. If you collected one or more written statements or electronic evidence from a witness, please upload them at the end of the form.

Mark only one oval.

Yes

No

Other:

25. Witness Interview(s) (Required if applicable)

Please provide a written summary of your conversations with witnesses.

26. Provide Student LASID numbers here that were not submitted with Section 1 of this form for any subject, target, or student witness who was interviewed or who submitted a written statement or other evidence. (Required if applicable)

27. Was there a finding of a violation of the PSB Student Civil Rights Policy? \*

Mark only one oval.

Yes

No

If yes, check all that apply.

There was a finding of bias-based conduct.

There was a finding of sexual misconduct.

28. Was there a finding of a violation of the PSB Bullying Prevention Policy? \*

Mark only one oval.

Yes

No

29. Please explain why you did or did not find a violation of the PSB Student Civil Rights Policy

and/or Bullying Prevention Policy. \*

30. If a policy violation was found, was this documented on Aspen? \*

Mark only one oval.

Yes

No, there was no policy violation.

31. Please provide information about how the Code of Conduct was applied and/or other remedial measures taken based on your findings. (Required if applicable)

Check all that apply.

Counseling and/or Coaching

Detention

Suspension

Restorative Practices

Mediation

Classroom Instruction (e.g., lesson about racism or consent)

Safe Person

Safety Plan

None

Other:

32. If the student received a detention or suspension, please enter the number of days here.

33. Have the parents/caregivers of all involved students been notified of the results of the investigation? \*

Mark only one oval.

Yes

No (If not, explain why in "Other")

Other:

### **Investigation Documents**

Please compile and upload any written statements, screenshots, or other relevant documents or electronic evidence that were collected as part of the investigation. You may upload up to 10 documents. If you need to submit additional documentation, please email them to ???.

Files submitted:

34. Is there any other information that you would like to share with the Office of Student Services that may be relevant to this investigation?