



THE PUBLIC SCHOOLS OF BROOKLINE

Bullying Incident Report Form

The PSB expects that all members of the school community will treat each other in a civil manner and with respect for differences. The PSB does not tolerate bullying or retaliation, in school buildings, on school grounds, or at school-related activities. All staff members who witness or become aware of bullying or retaliation by any student or staff member must inform the Headmaster/Principal/Superintendent or his/her designee immediately. This form may be used for reporting bullying or retaliation. The Principal/Headmaster/Superintendent or his/her designee will investigate all reports of bullying and retaliation and will take prompt action to end the conduct and restore the target's sense of safety. For more information, please refer to the PSB Bullying Prevention and Intervention Plan and Bullying Prevention Policy available at all schools and on the PSB website.

1. Name of Report/Person Filing Report: (Please Print) _____

(Note: Under the Bullying Prevention Act, disciplinary action may not be taken against an alleged aggressor solely on the basis of an anonymous report.)

Title: _____ Telephone: _____

Signature: _____ Date: _____

2. Please check whether you are: Target of the Bullying or Retaliation Reporter (not the target)

3. Please 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: _____

5. If staff member, state your school or work site: _____

6. Name of witness(es): (person(s) who saw the bullying or retaliation or have information about it):	Age/Grade	School
_____	_____	_____
_____	_____	_____

7. Information about the incident:

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior) _____

Dates(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (be as specific as possible): _____

8. Please describe the details of the bullying or retaliation you experienced, saw or heard about (including the names of all people involved, what occurred, and what each person did and said, including the words used) along with what each witness experienced, saw or heard. Please use additional space on back if necessary.

Administrator Receiving Report: _____ **Date:** _____