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 ____________________________
   ____________________________ Age/Grade ____________________________ School ____________________________
   ____________________________ Age/Grade ____________________________ School ____________________________
   ____________________________ 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: ____________________________

Under state and federal law, the PSB may NOT disclose specific disciplinary procedures instituted against students, including the aggressor, to third parties, including the target’s parents/guardians, unless such disciplinary procedures constitute a "stay away" order or other directive that the target and his/her parent/guardian must be aware of in order to report violations. The PSB will maintain records of all bullying or retaliation investigations, and the results of such investigations in accordance with the Bullying Prevention Act and related regulations. 12/27/13