

Andover (MA) Public Schools - Bullying Incident Report Form

The APS expects that all members of the school community will treat each other in a civil manner and with respect for differences. The APS 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 Principal or his/her designee (for student and staff) and the Superintendent or her designee (for principals) immediately. This form may be used for reporting bullying or retaliation. The Principal or his/her designee (for student and staff) and the Superintendent or her designee (for principals) 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 APS Bullying Prevention and Intervention Plan and Bully Policy available at all school and on the APS website.

1. Name of Person Filing Report (please print): _____

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. Knowingly making a false accusation is a violation of policy and subject to disciplinary action.)

Title: _____ Telephone: _____

Signature: _____ Date: _____

2. Check whether you are the: Target of the bullying or retaliation 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 : _____

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

6. Name(s) of witnesses (person(s) who saw the bullying or retaliation or have information about it)

Name: _____ Student Staff Other: _____

Age/Grade _____ School _____

Name: _____ Student Staff Other: _____

Age/Grade _____ School _____

Name: _____ Student Staff Other: _____

Age/Grade _____ School _____

7. 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): _____

Medical intervention required: Yes No

8. Please describe the details of the bullying or retaliation you experienced, saw, heard (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 attach all available documentation such as video, notes, emails, texts, etc. Please use additional space on back if necessary.

Administrator Receiving Report: _____ Date: _____

Under state and federal law, the APS 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 parents must be aware of in order to report violations. The APS 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.

INVESTIGATION

1. Investigator(s): _____ Title(s): _____
2. Interviews:
- Interviewed aggressor Name: _____ Date: _____
- Interviewed target Name: _____ Date: _____
- Interviewed witness(es) Name: _____ Date: _____
Name: _____ Date: _____
- Documentation attached: Yes No
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 finding of Bullying, or Retaliation? Yes No
4. Summary of investigation: *(please use additional paper and attach to this document as needed.)*

CONCLUSIONS FROM THE INVESTIGATION

1. Finding of violation of the Anti-Bullying Policy of the Andover Public Schools:
- No Discipline referral only: _____
 Yes Bullying/Harassment/Intimidation Incident documented
as: _____
 Retaliation
2. Contacts:
- Target's parent/guardian (date): _____ Aggressor's Parent/Guardian
(date): _____
- District Equity Coordinator (DEC) (date): _____ Law Enforcement
(date): _____
3. Disciplinary action taken:
- None Loss of privileges Detention STEP referral Suspension Community Service
- Other: _____
4. Safety/Conduct Plan required *(attach completed plans)*: Yes No
- Target follow-up scheduled (date): _____ Initial and date when completed: _____
- Aggressor follow-up scheduled (date): _____ Initial and date when completed: _____

<p>5. Report forwarded to:</p> <p><input type="checkbox"/> Principal (date): _____ <i>(if Principal was not the investigator)</i> <input type="checkbox"/> Superintendent (date): _____</p> <p>6. Investigator or Principal signature: _____ Date: _____</p>
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