

**APPENDIX B**

**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 of 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: \_\_\_\_\_

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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): \_\_\_\_\_

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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 space on back if necessary.

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FOR ADMINISTRATIVE USE ONLY

9. **Signature of Person Filing this Report:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Note: Reports may be filed anonymously.)

10: **Form Given to:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



**APPENDIX C**

**INITIAL REFERRAL FORM FOR POTENTIAL BULLYING INCIDENTS**

Person Reporting Incident: \_\_\_\_\_ Date: \_\_\_\_\_

Aggressor: \_\_\_\_\_ Target: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Type of Behavior (check all that apply):

- \_\_\_\_\_ Physical aggression
- \_\_\_\_\_ Teasing, name-calling, making critical, demeaning, or sexual comments and/or jokes
- \_\_\_\_\_ Making threats
- \_\_\_\_\_ Making rude and/or threatening gestures
- \_\_\_\_\_ Excluding or rejecting the student
- \_\_\_\_\_ Spreading harmful rumors or gossip
- \_\_\_\_\_ Provoking another person to hit or harm the student
- \_\_\_\_\_ Electronic Communication (specify)
- \_\_\_\_\_ Other (specify)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Are you aware of previous behaviors by the aggressor towards this person? Yes/No

Explain: \_\_\_\_\_

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**For Administrative Use Only**

Person Investigating the Report: \_\_\_\_\_

Bullying \_\_\_\_\_ Peer Conflict/Discipline Incident \_\_\_\_\_

Action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed Target? Yes/No

Contacted Target's Parents? Yes/No

Interviewed Aggressor? Yes/No

Contacted Aggressor's Parents? Yes/No

Contacted Police (Potential Criminal Charges)? Yes/No

Additional Notes Attached: Yes/No

Appendix G

NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT  
Bullying Intervention Safety/Conduct Plan

Directions: After the determination that a violation of the district’s ant bullying policy has occurred and after appropriate discipline has been applied, the principal or designee will develop a safety plan for the target and a conduct plan for the aggressor separately. The parent/guardian of both the target and the aggressor shall be involved in the development of the respective plans. Teachers will be notified of the incident, names of the parties involved and their role, if the principal or designee determined that the sharing such information with teachers is necessary to prevent future violations of the policy and/or to create a safe environment for the target. A copy of this form will be attached to the Incident Reporting Form.

Safety Plan for the Student Target  Conduct Plan for Student Aggressor

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Brief description of incident: \_\_\_\_\_

Name of school staff member involved in development of plan: \_\_\_\_\_

Meeting with parents: Date: \_\_\_\_\_

Referral to school support services:  Date: \_\_\_\_\_ Name / Date: \_\_\_\_\_

Action Plan ( list steps taken)	Date: Start/End	Person Responsible for implementing steps: Signature
<b>Step #1</b>		
Staff Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy to Parent:	Date:
Student Signature:		
Parent Signature:		
Additional (Optional)	Date: Start/End	Person Responsible for implementing steps: Signature
<b>Step #2</b>		
Staff Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy to Parent:	Date:
Student Signature:		
Parent Signature:		
Additional (Optional)	Date: Start/End	Person Responsible for implementing steps: Signature
<b>Step #3</b>		
Staff Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy to Parent:	Date:
Student Signature:		
Parent Signature:		

For more than three action steps please complete additional sheets.

When action steps involve seeking outside counseling or assistance, provide a list of those contacts:

Name of Contact: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Action Item / #: \_\_\_\_\_

Notes: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Action Item / #: \_\_\_\_\_

Notes: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Action Item / #: \_\_\_\_\_

Notes: \_\_\_\_\_

Signature and Title of person completing this form: \_\_\_\_\_

\_\_\_\_\_