

Saint Catherine of Genoa School, Somerville, MA

**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/Guardian**     **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 \_\_\_\_\_

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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 sheets of paper if necessary and attach them to this document.**

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

**II. INVESTIGATION**

**Saint Catherine of Genoa School, Somerville, MA**

1. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

2. Interviews:

- |  |             |             |
|--|-------------|-------------|
| <input type="checkbox"/> Interviewed Aggressor | Name: _____ | Date: _____ |
| <input type="checkbox"/> Interviewed Target    | Name: _____ | Date: _____ |
| <input type="checkbox"/> Interviewed witnesses | Name: _____ | Date: _____ |
|  | Name: _____ | Date: _____ |

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 findings of BULLYING, RETALIATION  Yes  No

Summary of Investigation:

(Please use additional sheets of paper and attach to this document as needed)

**III. CONCLUSIONS FROM THE INVESTIGATION**

1. Finding of bullying or retaliation:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> YES         | <input type="checkbox"/> NO                             |
| <input type="checkbox"/> Bullying    | <input type="checkbox"/> Incident documented as _____   |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Discipline referral only _____ |

2. Contacts:

- |   |             |  |             |
|---|-------------|--|-------------|
| <input type="checkbox"/> Target's parent/guardian | Date: _____ | <input type="checkbox"/> Aggressor's parent/guardian | Date: _____ |
| <input type="checkbox"/> Catholic Schools Office  | Date: _____ | <input type="checkbox"/> Law Enforcement             | Date: _____ |

3. Action Taken:

- Loss of Privileges    Detention    Referral    Suspension
- Community Service    Education    Other \_\_\_\_\_

4. Describe Safety Planning: \_\_\_\_\_

- Follow-up with Target: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_
- Follow-up with Aggressor: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Report forwarded to Principal: Date \_\_\_\_\_

(If principal was not the investigator)

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_