RISING TIDE
CHARTER PUBLIC SCHOOL

Report of Alleged Bullying

Name of Initial Reporter: _____ Today's Date: _____
(*Note: reports may be made anonymously, but no disciplinary action will be taken against an alleged perpetrator solely on the basis of an anonymous report.*)

Check whether you are the:
____ Victim
____ Reporter (*not the Victim*)

Check whether you are a:
____ Student (*grade*: _____)
____ Staff Member (*role*: _____)
____ Parent
____ Other (*specify*: _____)

Name of Victim: _____
(of behavior)

Name of Perpetrator:_____
(person who engaged in behavior)

Date(s) and Time(s) of Incident(s): _____
_____
_____
_____

Location of Incident(s):_____

Possible Witnesses (*Students, Staff, Other*): _____

Detailed Description of the Incident(s) including names of students involved, and the actions of and words by such students (*please use additional space on back if necessary*):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
Signature of Reporter/Person Filing the Report (optional) ***date***

Middle School: 6 Resnik Road, Plymouth MA 02360 • Ph: (508) 747-2620 • Fax: 508-830-9441
Upper School: 57B Armstrong Road, Plymouth MA 02360 • Ph: (508) 747-1889 • Fax: 508-747-0669

 Name of Initial Reporter: _____Date: _____

More Description of the Incident(s):