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 of the Behavior
____ Reporter (*not the victim*)

Check whether you are a:

____ Student (*grade*: _____)
____ Staff Member (*role*: _____)
____ Parent/Guardian
____ 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 individuals involved, and the actions of and words by such individuals (*please use additional space on back if necessary*):

_____

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

59 Armstrong Road, Plymouth MA 02360 • Phone: (508) 747-2620 • Fax: (508) 747-1826

 Name of Initial Reporter: _____Date: _____

More Description of the Incident(s):