

**Quincy Public Schools  
BULLYING INCIDENT REPORT FORM**

1. **Name of Reporter/Person Filing the 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:**

**Name of Aggressor:**

**Dates(s) of Incident(s):**

**Time When Incident(s) Occurred:**

**Location of Incident(s):**

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7. **Witnesses** (List people who saw the incident or have information about it)

**Name:** Student \_\_\_\_\_ Staff Other \_\_\_\_\_ (parent)

**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 space on back if necessary.**

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

10. **Form Given to:**  
**Form Given to:**

**Position**  
**Position**

**Date**  
**Date**

**INTERVIEW**

- 1. Name Position:
- 2. Interviews:
  - \_\_\_\_\_ interviewed Aggressor Name:
  - \_\_\_\_\_ Interviewed Target Name:
  - \_\_\_\_\_ Interviewed Witnesses Name:
  - \_\_\_\_\_ other Name:

**Summary:**

**INTERVIEW**

- 1. Name Position:
- 2. Interviews:
  - \_\_\_\_\_ interviewed Aggressor Name:
  - \_\_\_\_\_ Interviewed Target Name:
  - \_\_\_\_\_ Interviewed Witnesses Name:
  - \_\_\_\_\_ other Name:

**Summary:**

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

**CONCLUSIONS FROM THE INVESTIGATION**

- 1. **Finding of bullying or retaliation:**      Yes                              No                              Undetermined

\_\_\_\_\_Retaliation      Discipline referral only\_\_\_\_\_

2. **Contacts:**

Target's parent/guardian  
Aggressor's parent/guardian

3. **Action Taken:**

\_\_\_\_\_Loss of Privileges      \_\_\_\_\_Detention      \_\_\_\_\_Suspension      \_\_\_\_\_Community Service  
\_\_\_\_\_ Education      \_\_\_\_\_Other

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

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**OTHERS NOTIFIED:** \_\_\_\_\_Guidance Staff      \_\_\_\_\_Classroom Teacher      \_\_\_\_\_After School Staff  
\_\_\_\_\_Coaches      \_\_\_\_\_Other (Parents)

**SIGNATURE AND TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Please be advised that this is an internal document – not to be placed in student records. This is a document to be used for investigative purposes only. This document should be kept as an administrative document in a designated location at each site.)