

MANCHESTER ESSEX REGIONAL SCHOOLS
DISTRICT BULLYING PREVENTION AND INTERVENTION REPORTING FORM

Name of Reporter/Person Filing the Report _____

Your contact details (phone number & email): _____

Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor 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 Administrator Staff Member *specify role:* _____

Parent Other *specify:* _____

Information about the Bullying Conduct:

Name of Victim (of behavior) _____

Name of Perpetrator (person who engaged in behavior) _____

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

Location of Incident(s): (be as specific as possible) _____

(You may use the back of the form or additional pages to note incidents as needed)

Witnesses (List people who saw the incident(s) or have information about it):

Name _____ Student Staff Other

Name _____ Student Staff Other

Name _____ Student Staff Other

Describe the details of the circumstances (including the names of the people involved, what occurred, and what each person did and said, including specific words used.) *Please use additional space on the back or on additional pages if necessary.*

Signature of Person Filing this Report _____ Date _____

(Note: Reports may be filed anonymously)

FOR ADMINISTRATIVE USE ONLY

Form Given to: _____ Position _____ Date _____

Signature: _____ Date Received _____