SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT
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  □  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: ______________________________________

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): ________________________________

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 ______________

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.

   __________________________________________________________
   __________________________________________________________

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: __________________________ Date: _____________

10. Form Given to: __________________________ Position: _____________ Date: _____________
    Signature: __________________________ Date Received: __________________________
II. INVESTIGATION

1. Investigator(s): _____________________________ Position(s): _______________________

2. Interviews:
   □ Interviewed aggressor       Name: ________________________  Date: _____________
   □ Interviewed target         Name: ________________________  Date: _____________
   □ 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 paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:
   □ YES          □ NO
   □ Bullying      □ Incident documented as __________________
   □ Retaliation  □ Discipline referral only ________________

2. Contacts:
   □ Target’s parent/guardian  Date: _____  □ Aggressor’s parent/guardian  Date: _____
   □ District Equity Coordinator (DEC) Date: _____  □ Law Enforcement  Date: _________

3. Action Taken:
   □ Loss of Privileges  □ Detention  □ STEP 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 ________ Report forwarded to Superintendent: Date: ________
(If principal was not the investigator)

Signature and Title: __________________________________________ Date:__________