

Hopkinton Public Schools Bullying Prevention & Intervention Report Form

1. Name of Person Filing This Report _____

Note: Reports may be filed 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 bullying behavior Reporter (not target)

3. Check whether you are a: Student Staff member (specify role) _____
 Parent Administrator Other (specify) _____

4. Your contact information, including telephone number: _____

5. If a staff member, state your work site: _____

6. Information about the incident

Name of target of bullying behavior: _____

Name of the aggressor: _____

Date(s) of incident(s)	Time of each	Location of each	Witnesses or others who know about the incident (if any), and their role (student, staff, parent, etc.)

If you have attached additional pages for other incidents, check here:

Describe the details of the incident(s), including the names of all who were involved, what each did, and specific words and actions. If you have attached additional sheets OR continued on the back, please check here: (Attach any additional sheets with a staple.)

This report was received by: (print name) _____

Signature: _____

Date: _____ Time: _____