

Brockton Public Schools
Incident Report of Potential Bullying or Retaliation
For Students, and Parents
(please print)

Today's date: _____

School: _____

Name of student target/victim: _____

Grade: _____

Name of alleged aggressor/offender (s): _____

Grade: _____

On what date(s) did the incident happen? _____

Where did the incident happen (choose all that apply)?

- | | | |
|---|--|--|
| <input type="checkbox"/> On school property | <input type="checkbox"/> At a school-sponsored activity or event off school property | <input type="checkbox"/> At bus stop |
| <input type="checkbox"/> On a school bus | <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> On computer/cell
Phone or electronic
device |

Place an X next to the statement(s) that best describes what happened (choose all that apply):

- | | | | | |
|---|---------------------------------------|--|---|---|
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Threat | <input type="checkbox"/> Stalking | <input type="checkbox"/> Theft | <input type="checkbox"/> Cyber bullying |
| <input type="checkbox"/> Social exclusion | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Physical violence | <input type="checkbox"/> Public humiliation | |

What did the alleged aggressor/offender(s) say or do? (Attach a separate sheet if necessary.)

Did a physical injury result from this incident? No Yes- please explain:

Was the target/victim absent from school as a result of this incident? No Yes

Additional Information:

Name of person reporting the incident (this can be reported anonymously): _____

Please indicate how you know about the incident (circle one): I witnessed it I heard about it from:

Your telephone number: _____ Your email address: _____

Your relationship to the target/victim: _____

Signature: _____ Date: _____

Please return this form to your school principal's office

