

**Newton Public Schools
Bullying Incident Reporting Form**

Bullying is serious and will not be tolerated in the Newton Public Schools. **If you wish to report an incident of alleged bullying**, either contact the principal (assistant principal or housemaster) or complete this form and return it to the school so that staff can investigate the matter. In addition, we encourage you to work directly with school staff as they take steps to resolve problems and assure the safety of all parties. You can find more information about the Newton Public Schools' Bullying Prevention and Intervention Policy on our website www3.newton.k12.ma.us This form can be completed anonymously.

Today's date: _____

Name(s) of target(s) of bullying:	Age	Grade	School
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Name(s) of aggressor(s):	Age	Grade	School
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Name(s) of witness(es):

When did the incident(s) happen? (Include date and time.)

Where did the incident(s) occur?

Please check the box or boxes next to the statement(s) that best describes what happened (choose all that apply):			
<input type="checkbox"/> Teasing	<input type="checkbox"/> Physical Violence	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Hurtful, demeaning remarks or actions	<input type="checkbox"/> Public Humiliation	<input type="checkbox"/> Extortion	<input type="checkbox"/> Aggression encouraged by others
<input type="checkbox"/> Maliciously excluding from group	<input type="checkbox"/> Cyberbullying	<input type="checkbox"/> Stalking	<input type="checkbox"/> Rumors or Spreading Falsehoods
<input type="checkbox"/> Defacing clothing or other property	<input type="checkbox"/> Threat	<input type="checkbox"/> Theft	<input type="checkbox"/> Other _____

Give a brief description of the incident(s) and/or your concerns. (Use reverse side if necessary)

Did a physical injury result? Please check one of the following:
<input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention

Do you know of other incidents of bullying directed at this student? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of the person reporting incident(s)? (You may report anonymously) _____
Relationship to Student: _____ Telephone: _____
Signature: _____ Date: _____

For Office Use Only	
Administrator Receiving Report:	Date: