

**WOBURN PUBLIC SCHOOLS: 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 a student, state your school:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

5. **If staff member, 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):** \_\_\_\_\_

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**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 \_\_\_\_\_

**Name:** \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

**Name:** \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

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**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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Signature of Person Filing this Report:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please turn this form into the Principal, Assistant Principal, Guidance, or Secretary

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FOR ADMINISTRATIVE USE ONLY

10: **Form Given to:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date Received :** \_\_\_\_\_

**Signature:** \_\_\_\_\_