

Dedham High School Bullying Incident Reporting Form

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g. The Incident Report will be filed with the Assistant Principal.

Directions: Bullying/Harassment/Intimidation are serious offenses and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged bullying/harassment/intimidation, complete this form and return it to the Principal or Administrative Designee at the student's school. All school employees are required to report alleged violations. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name and returning to the <appropriate location>.

Every reported act of bullying will be investigated, and parents/guardians will be informed.

Name of Student Target:

Grade/School:

Name(s) of Alleged Offenders	Grade	School	Is she/he a student?
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Yes No

Yes No

Incident Date: / /

Where did the incident occur? (Check all that apply)	What happened during the incident? (Check all that apply)	Did a physical injury result from this incident? (Check one)
<input type="checkbox"/> School Bus/Stop <input type="checkbox"/> To/From School <input type="checkbox"/> Text/Phone/Internet/ Social Media <input type="checkbox"/> School sponsored activity <input type="checkbox"/> Event off school property <input type="checkbox"/> School Grounds <input type="checkbox"/> Other	<input type="checkbox"/> Taunting <input type="checkbox"/> Retaliation <input type="checkbox"/> Threat <input type="checkbox"/> Humiliation <input type="checkbox"/> Intimidation <input type="checkbox"/> Exclusion <input type="checkbox"/> Stalking <input type="checkbox"/> Physical Contact <input type="checkbox"/> Theft <input type="checkbox"/> Cyber-bullying <input type="checkbox"/> Other	<input type="checkbox"/> No
		<input type="checkbox"/> Yes, medical attention required
		<input type="checkbox"/> Yes, medical attention NOT required
		Student absent from school as a result of the incident?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of days absent:

Describe the incident: (use the back of this sheet for additional space)

Are you: Student Faculty/Staff Parent/Guardian Other:

Leave blank if reporting anonymously.

Person reporting incident: (Please Print) _____ Date: _____

Signature: _____ Telephone/Cell Information: _____