

Exhibit A



St. Rose School

CHELSEA, MA

BULLYING INCIDENT REPORT

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/Guardian Administrator Other (specify) _____

Your contact information/telephone number: _____

4. If student, state your grade: _____

6. Information about the Incident:

Name of Target (Person who received the 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): _____

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 _____

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 sheets of paper if necessary and attach them to this document.

9. Signature of Person Filing this Report: _____ Date: _____

(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

Exhibit A

10: Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____

II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____

2. Interviews:

Interviewed Aggressor Name: _____ Date: _____

Interviewed Target Name: _____ Date: _____

Interviewed witnesses Name: _____ Date: _____

Name: _____ Date: _____

3. Any prior documented Incidents by the Aggressor? Yes No

If yes, have incidents involved Target or Target group previously? Yes No

Any previous incidents with findings of BULLYING, RETALIATION Yes No

Summary of Investigation:

(Please use additional sheets of paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Incident documented as _____ |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Discipline referral only _____ |

2. Contacts:

- | | |
|---|--|
| <input type="checkbox"/> Target's parent/guardian Date: _____ | <input type="checkbox"/> Aggressor's parent/guardian Date: _____ |
| <input type="checkbox"/> Catholic Schools Office Date: _____ | <input type="checkbox"/> Law Enforcement Date: _____ |

3. Action Taken:

- Loss of Privileges Detention Referral Suspension
- Community Service Education Other _____

4. Describe Safety Planning: _____

Follow-up with Target: scheduled for _____ Initial and date when completed: _____

Follow-up with Aggressor: scheduled for _____ Initial and date when completed: _____

Signature and Title: _____ Date: _____