



220 North Main Street, Suite 201, Natick, MA 01760  
508.653.6776 • 508.653.0878 Fax • [accept.org](http://accept.org)

## Bullying Prevention and Intervention Report Form

1. Name of Person Filing This Report \_\_\_\_\_

Note: Reports may be filed 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 bullying behavior  Reporter (not target)

3. Check whether you are a:

Student  Staff member (specify role)  Parent  Administrator

Other (specify) \_\_\_\_\_

4. Your contact information, including telephone number: \_\_\_\_\_

5. If a staff member, what is your position? \_\_\_\_\_

6. **Information about the incident**

Name of target of bullying behavior \_\_\_\_\_

Name of the aggressor \_\_\_\_\_

Date of incident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Witnesses or others who know about the incident (if any), and their role (student, staff, parent, etc.)

\_\_\_\_\_

Date of incident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Witnesses or others who know about the incident (if any), and their role (student, staff, parent, etc.)

\_\_\_\_\_

Date of incident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Witnesses or others who know about the incident (if any), and their role (student, staff, parent, etc.)

\_\_\_\_\_

Describe the details of the incident(s), including the names of all who were involved, what each did, and specific words and actions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here if you have attached additional pages for other incidents