## Quincy Catholic Academy Bullying Prevention and Intervention Incident Reporting Form

## 1. Name of Reporter/Person Filing Report:

	ports may be made anony ne basis of an anonymous	•	isciplinary action will be taken against an alleged Aggressor			
2. Check whether you are the:		Target of the	Target of the Behavior			
			orter (not Target)			
2	de abbanana ana ar	Charlena				
3. Cneck v	whether you are a:		Member (specify role)			
		Pare	nt/Guardian			
		Adm				
			er (specify)			
Your conta	ct information/telephone	e number:				
4. If stude	nt, state Grade:					
5. Informa	tion about the Incident:					
Name of Ta	arget (of behavior):					
Name of A	ggressor (Person who eng	gaged in behavior	):			
Date(s) of	ncident(s):					
Time Whei	n Incident(s) occurred:					
Location o	f Incident(s) (Be as specifi	ic as possible):				
	, , , , ,					
6. Witness	ses (List people who saw	the incident or h	ave information about it):			
Name:						
			Other:			
Name.						
Role:	Student	Staff	Other:			
Name:						
Role:	Student	Staff	Other:			

7. **ON THE BACK OF THIS SHEET:** Describe the details of the incident (including the names of people involved, what occurred, and what each person did and said, including specific words used).

## FOR ADMINISTRATIVE USE ONLY

Form Given to:	Position:
Date:	
Signature:	Date Received:
DETA	ILS OF THE INCIDENT (including names, actions, and statements) Please be as specific as possible.
SIGNATURE:	DATE:

## INVESTIGATION REPORT OF BULLYING OR RETALIATION INCIDENT

1. Investigator:	Position:			
Investigator:	Posit	ion: _		
2. Interviews:				
Interviewed Aggressor				
Name:	D	ate: _		
Interviewed Target				
Name:	D	ate: _		
Interviewed Witnesses				
Name:	D	ate: _		
Name:		ate: _		
Name:	D	ate: _		
3. Any prior documented incidents by the Aggress	or)		Voc	No
	_		Yes	
If yes, have incidents involved Target or Targ				
Any previous incidents with findings of Bully If Yes, explain:				
SUMMARY OF INVESTIGATION:				

**CONCLUSIONS FROM THE INVESTIGATION** 

Yes		Retaliation		
		ocumented as		
		Referral only		
2. Contacts:		,		
Target's Parent/Guardian:  Aggressor's Parent/Guardian:  Catholic Schools Office:			Date:	
3. Action Taken:				
4. Describe Safety Plan	nning:			
Follow-up with Target:	Schadulac	l for:		

Signature and Title:		Date:	
Report forwarded to Princip	Initial and Date when completed:  pal (if principal was not the investigator): _		
Follow-up with Aggressor:	Scheduled for:		
	Initial and Date when completed:		