

# MAYNARD PUBLIC SCHOOLS



## BULLYING PREVENTION & INTERVENTION

ADM REG

### INCIDENT REPORTING FORM

#18.1

Massachusetts General Laws Chapter 71, § 370 Bullying Policy and Training Requirements requires the development of a bullying prevention and intervention plan. The Maynard Public Schools Bullying and Intervention Plan Section V, Policies and Procedures for Reporting and Responding to Bullying and Retaliation, describes how reporting bullying or retaliation allegations will be received. Reports of bullying or retaliation may be made in writing, verbally or anonymously. In all cases the report will be documented on this Bullying Prevention & Intervention Incident Reporting Form.

If the report is verbal or anonymous, the administrator receiving the report will have another person scribe for the anonymous reporter to officially log the reporter's verbal or anonymous report on the Bullying Prevention & Intervention Incident Reporting Form. That scribe will then deliver the written report to the investigator.

|                            |   |                                 |   |                                    |   |
|----------------------------|---|---------------------------------|---|------------------------------------|---|
|                            | √ |                                 | √ |                                    | √ |
| Report written by reporter |   | Verbal report written by scribe |   | Anonymous report written by scribe |   |

Report's name \_\_\_\_\_ Contact Information \_\_\_\_\_

|                                |   |               |   |
|--------------------------------|---|---------------|---|
| Check whether the reporter is: | √ |               | √ |
| Target of the behavior         |   | Administrator |   |
| Parent                         |   | Student       |   |
| Staff Member (Role)            |   | Other         |   |

### Information about the Incident:

|   |
|---|
| Name of Target (of behavior):   |
| School/Grade:   |
| Name of Aggressor(s)-(Person(s) who engaged in the behavior):   |
| Date(s) of Incident(s):   |
| Time when Incident(s) Occurred:   |
| Location of Incident(s) Be Specific:  |
| <input type="checkbox"/> On school property <input type="checkbox"/> At a school-sponsored activity or event <input type="checkbox"/> At bus stop<br><input type="checkbox"/> On the bus <input type="checkbox"/> On the way to/from school <input type="checkbox"/> On the computer <input type="checkbox"/> Other _____ |

**Witnesses:**

List names of people who saw the incident or who have information about it as well as a descriptor i.e. Student, Staff, Other:

**Incident(s):**

Describe the details of the incident(s), including names of people involved, what happened, and what each person did and said, including specific words used. Use Additional paper if necessary.

\_\_\_\_\_  
**Signature of Reporter filing this report (if not anonymous)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of person writing this report**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Administrator receiving form**

\_\_\_\_\_  
**Date**



## BULLYING PREVENTION & INTERVENTION INCIDENT INVESTIGATION FORM

**CONFIDENTIAL**  
(Administrative Use Only)

Report #

### **Interviews:**

List names of people interviewed, including target, aggressor(s), witnesses, and others:

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 and/or retaliation? Yes \_\_\_ No \_\_\_

### **Summary of Investigation:**

Investigation results including details of the incident and include names of people involved, what happened, and what each person did and said (include specific words used). Use additional paper if necessary.

**Conclusions from investigation:**

| <b>Finding</b>              | √ | <b>Confirming Reportable Evidence</b> | <b>Reportable Actions</b> |
|-----------------------------|---|---------------------------------------|---------------------------|
| Bullying                    |   |                                       |                           |
| Retaliation                 |   |                                       |                           |
| Not Bullying or Retaliation |   |                                       |                           |

**Determination communication with alleged Target's parent/guardian (Date):**

**Determination Communication with alleged Aggressor's parent/guardian (Date):**

| <b>Actions Taken:</b>     | √ |                          | √ |                            | √ |                       | √ |
|---------------------------|---|--------------------------|---|----------------------------|---|-----------------------|---|
| <b>Loss of Privileges</b> |   | <b>Detention</b>         |   | <b>Counseling Referral</b> |   | <b>Skill Building</b> |   |
| <b>Police Referral</b>    |   | <b>Community Service</b> |   | <b>Suspension</b>          |   | <b>Other</b>          |   |

**Safety Plan**

**Describe Safety Plan, including: 1) The person(s) responsible for implementing the plan; 2) The person(s) responsible for monitoring the implementation; and 3) The initial date of family notification of the plan and the follow-up date for family review and revision of the plan.**

**If finding of Bullying or Retaliation:**

|   |  |
|---|--|
| <b>Follow Up w/Target</b>                               |  |
| <b>Follow Up w/Aggressor(s)</b>                         |  |
| <b>Report forwarded to Director of Student Services</b> |  |
| <b>Report forwarded to Principal</b>                    |  |
| <b>Report forwarded to Superintendent(if necessary)</b> |  |
| <b>Police Notification (if necessary)</b>               |  |

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

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

# MAYNARD PUBLIC SCHOOLS



Date

Parent/Guardian  
Address

Re:

Dear Parent/Guardian,

In accordance with Massachusetts Chapter 86 of the Acts of 2014, which amended G.L. c. 71, §37O, the anti-bullying statute, an investigation has been conducted after an allegation of bullying and/or retaliation. For more information, please refer to the Maynard Public Schools Bullying Prevention and Intervention Plan.

Summary statement

### Administrative Determination:

| Finding                     | ✓ | Confirming Reportable Evidence | Summary of Actions Taken |
|-----------------------------|---|--------------------------------|--------------------------|
| Bullying                    |   |                                |                          |
| Retaliation                 |   |                                |                          |
| Not Bullying or Retaliation |   |                                |                          |

Additionally, per Chapter 86 of the Acts of 2014 amended Section 37O of chapter 71 of the General Laws, the District is required to inform parents or guardians about the Department of Elementary and Secondary Education's problem resolution system and the process for seeking assistance or filing a claim through this problem resolution system. Any parent wishing to file a claim/concern or seeking assistance outside of the district may do so with the Department of Elementary and Secondary Education Program Resolution System (PRS). That information can be found at: <http://www.doe.mass.edu/pqa>, emails can be sent to [compliance@doe.mass.edu](mailto:compliance@doe.mass.edu) or individuals can call 781-338-3700. Hard copies of this information are also available at the Superintendent's office.

Sincerely,

Name  
Title