

Section 6: Forms



**NORTHAMPTON PUBLIC SCHOOLS**  
**Bullying Incident**  
**REPORTING FORM**

Northampton Public Schools takes bullying very seriously and will not be tolerated. If you wish to report an incident of alleged bullying, either contact the principal or associate principal, complete this form, and return it to the school to investigate this serious matter. In addition, we encourage caregivers/family members to work closely with school staff as they take steps to resolve problems and assure the safety of all parties. This form can be completed anonymously.

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Name(s) of the target(s) of bullying:**

\_\_\_\_ Grade(s)/Position(s) \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_ Grade(s)/Position(s) \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_ Grade(s)/Position(s) \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_ Grade(s)/Position(s) \_\_\_\_\_ School \_\_\_\_\_

**Name(s) of the aggressor(s):**

\_\_\_\_ Grade(s)/Position(s) \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_ Grade(s)/Position(s) \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_ Grade(s)/Position(s) \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_ Grade(s)/Position(s) \_\_\_\_\_ School \_\_\_\_\_

**Date, time and location of the incident?**

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ AM/PM \_\_\_\_\_

**Name(s) of witness(es):**

\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Summarize the details of this incident:** (Be as specific as possible, including who was involved, what each person did and said (specifying the words used)). *(Use additional paper if necessary)*

**Please place an 'X' next to a statement(s) that best describes what happened (check all that apply):**

Aggression encouraged by others    Cyberbullying    Defacing clothing or other property    Discrimination  
 Extortion    Hurtful, demeaning remarks or actions    Intimidation    Maliciously excluding from group  
 Physical    Public Humiliation    Retaliation    Rumors or Spreading Falsehoods    Stalking    Teasing  
 Theft    Threat    Violence    Other: \_\_\_\_\_

**Did a physical injury result?** Please check one of the following:

No    Yes, but it did not require medical attention    Yes, and it required medical attention

**Do you know of other incidents of bullying directed at this student?**    No    Yes (*please explain*):

**Notifications:**

Superintendent?    Yes    No

Police?    Yes    No      Responding Officer: \_\_\_\_\_  
(*If Police report is available, please attach.*)

Intervened during incident    Responded to school/bullying    Took person into custody

**Name of the person reporting the incident(s)** (*You may report anonymously.*) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please submit this form to your school's Principal.**

*For Office Use Only*

Administrator Receiving Report: \_\_\_\_\_

Date: \_\_\_\_\_