



Cabot Schools Incident of Bullying Report Form



Bullying - the intentional harassment, intimidation, humiliation, ridicule, defamation, or threat or incitement of violence by a student against another student or public school employee by a written, verbal, electronic, or physical act that may address an attribute of the other student, public school employee, or person with whom the other student or public school employee is associated; involves an actual or reasonably perceived power imbalance; is repeated or has a high likelihood of repetition; and causes or creates actual or reasonably foreseeable: · Physical harm to a public school employee or student or damage to the public school employee's or student's property; · Substantial interference with a student's education or with a public school employee's role in education; · A hostile educational environment for one (1) or more students or public school employees due to the severity, persistence, or pervasiveness of the act; or · Substantial disruption of the orderly operation of the school or educational environment.

Section 1: Reporter Information

Name of Reporter: _____

Role: ____ Student ____ Teacher ____ Parent ____ Other: _____

Section 2: Incident Details

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Section 3: Description of Incident

Type of Bullying: (Check all that apply)

____ Physical (e.g., hitting, kicking, pushing)

____ Verbal (e.g., name-calling, teasing)

____ Social/Relational (e.g., exclusion, spreading rumors)

____ Cyberbullying (e.g., online harassment, social media abuse)

____ Other: _____

Detailed Description of Incident (include quotes or evidence if possible):

Section 4: Involved Parties

Complete Name(s) of reported Bully/Bullies: _____

Complete Name(s) of reported Victim(s): _____

Complete Name(s) of Witnesses: (if any) _____

Section 5: Additional Information

Has this occurred previously with this offender? ☐ Yes ☐ No

Was it reported? ☐ Yes ☐ No

If so, who did you report it to? _____

Describe the effect this incident has had on the reported victim:

Any additional comments or information?

Section 6: Signature

I hereby certify that the information I have provided in this incident report is true, correct, and complete.

Reporter Signature

Date

Thank you for taking the time to report this incident. The school administration takes bullying seriously and will take appropriate school handbook action to ensure the safety and well-being of all students.

- **Attach additional documentation if needed**

Administrative Action to Bullying Report

Name of Reporter: _____

Received By: _____

Date: _____

Required Initial Actions:

___ Met with reported victim(s) – discuss the availability of counseling or intervention services if necessary

___ Met with reported bully/bullies - discuss the availability of counseling or intervention services if necessary

___ Contacted parents of the victim(s) by the end of the next school day

___ Contacted parents of the bully/bullies by the end of the next school day

___ Other: _____

Was the accusation of bullying substantiated by the administrator's investigation? _____

Investigation completed on _____

IF NO,

Explain your reasoning for not classifying the incident as bullying: _____

IF YES,

Notify parent(s) of the victim, within 5 days of completing the investigation, that their student is a victim in a credible report of bullying, along with the availability of counseling and other intervention services.

Date: _____ Method: _____ Time: _____

Notify parent(s) of the reported bully/bullies, within 5 days of completing the investigation, that:

___ an investigation found the bullying report to be valid

___ whether action was taken against their student upon conclusion of the investigation

___ potential consequences of continued incidents of bullying

Date: _____ Method: _____ Time: _____

Further Action Required (Check all that apply for bullying and non-bullying investigation outcomes.)

___ Monitor the situation

___ Schedule follow-up meeting

___ Implement disciplinary action: _____

___ Arrange counseling sessions

___ Contact law enforcement (if necessary)

___ Other: _____

****Attach any additional documentation such as witness statements and discipline notices**