



INCIDENT REPORT/COMPLAINT/TRACKING FORM NORTHBRIDGE PUBLIC SCHOOLS

1. Name of Person Filing the Report: _____ **Date** _____

(Note: Reports may be made 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 behavior** ☐ **Reporter (not the target)**

3. Check whether you are a: ☐ Student ☐ Staff member (specify role) _____
☐ Parent ☐ Administrator ☐ Other (specify) _____

Your contact information/telephone number: _____

4. If student, state your school: _____ **Grade:** _____

5. If staff member, state your school or work site: _____

6. Information about the Incident:

Name of Target (victim): _____ **School** _____ **Grade** _____

Name of Aggressor: _____ **School** _____ **Grade** _____

Location of Incident(s) (Be as specific as possible): _____

Date(s) of Incident(s): _____ **Time** _____

7. Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

8. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary.

9. Signature of Person Filing this Report: _____ **Date:** _____

(Note: Reports may be filed anonymously.)

10: Form Given to: _____ **Position:** _____ **Date:** _____

(Parents should submit this form to the Principal of their child's school.)

II. INVESTIGATION

Signature of person receiving report: _____ Date Received: _____

1. Investigator(s): _____ Position(s): _____

2. Interviews:

☐ Interviewed aggressor Name: _____ Date: _____

☐ Interviewed target Name: _____ Date: _____

☐ Interviewed witnesses Name: _____ Date: _____

Name: _____ Date: _____

3. 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, RETALIATION ☐ Yes ☐ No

Summary of Investigation:

(Please use additional paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:

☐ YES

☐ NO

☐ Bullying

☐ Incident documented as _____

☐ Retaliation

☐ Discipline referral only _____

2. Action Taken:

☐ Loss of Privileges

☐ Detention

☐ In-school Suspension

☐ Out-of-School Suspension

☐ Community Service

☐ Education

☐ Other _____ Contacts:

3. Notifications made:

☐ Target's parent/guardian Date: _____ ☐ Aggressor's parent/guardian Date: _____

☐ District Equity Coordinator (DEC) Date: _____ ☐ Law Enforcement Date: _____

4. Describe Safety Planning: _____

Follow-up with Target: scheduled for _____ Initial and date when completed: _____

Follow-up with Aggressor: scheduled for _____ Initial and date when completed: _____

Report forwarded to Principal: Date _____ Report forwarded to Superintendent: Date _____

(If principal was not the investigator)

Investigator Signature and Title: _____ Date: _____