



APPENDIX A  
DOVER-SHERBORN PUBLIC SCHOOLS  
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

- For more detailed information about reporting incidents of bullying, please click [here](#)
- Please submit completed form to the Assistant Principal at the respective school

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

1. Name of Reporter/Person Filing the Report\*: \_\_\_\_\_

\*While reports may be made anonymously, 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 \_\_\_\_ Parent \_\_\_\_ other (specify) \_\_\_\_\_

Staff member or Administrator (specify role) \_\_\_\_\_

4. Your contact information:

Home and/or cell phone: \_\_\_\_\_; E-mail: \_\_\_\_\_

5. School Information:

If you are a student, please indicate your school: \_\_\_\_\_

Please indicate your grade: \_\_\_\_\_

If you are a staff member, please indicate your school and/or work location:

\_\_\_\_\_

6. Information about the Incident:

Name of Target (of behavior): \_\_\_\_\_

Name of Aggressor (Person who engaged in the behavior): \_\_\_\_\_



Date(s) of incident(s): \_\_\_\_\_

Time of day that incident(s) occurred: \_\_\_\_\_

Location of Incident(s) (be as specific as possible): \_\_\_\_\_

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. Please 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 pages if necessary

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