Community Charter School of Cambridge

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Part I: Incident Information

Initial / Date	Step	
	1	**Name of Reporter/Person Filing the 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/Guardian ☐ Administrator ☐ Other (specify) _____ **Your contact information/telephone number(s):**
	4	**If student, state your school:** Community Charter School of Cambridge
	5	**Information about the Incident:** Name of Target (of behavior): Name of Aggressor (Person who engaged in the behavior): Date(s) of Incident(s): Time When Incident(s) Occurred: Location of Incident(s) (Be as specific as possible):
	6	**Witnesses (List people who saw the incident or have information about it):** Name: ☐ Student ☐ Staff ☐ Other Name: ☐ Student ☐ Staff ☐ Other Name: ☐ Student ☐ Staff ☐ Other

	7	**Are you filing this report because you believe the bullying was based on any of the following? (Please check all that apply):** ☐ Sex ☐ Sexual Orientation ☐ Race, Color, or National Origin ☐ Disability ☐ Religion ☐ Gender Identity or Expression ☐ None of the above **Describe the details of the incident**. Include names of people involved, what occurred, and what each person did and said, including specific words used. You may type what happened below or staple the description to this form. ☐ Description is attached