

**SAINT PIUS V**  
P A R I S H

ST. PIUS V SCHOOL

28 BOWLER STREET • LYNN, MA 01904 • TELEPHONE: 781-593-8292 • FAX: 781-593-6973

**ST. PIUS V SCHOOL BULLYING PREVENTION AND  
INTERVENTION INCIDENT REPORTING FORM**

**Please fill out this report. Upon receipt of this report an investigation of the incident(s) will be made by an administrator.**

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

(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/Guardian  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:** \_\_\_\_\_

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**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 When Incident(s) Occurred:** \_\_\_\_\_

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

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

**Name:** \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

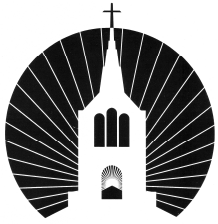
**Name:** \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

**Name:** \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

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**BUSINESS OFFICE: 781-595-2175 • FAX: 781-592-8019**

E-MAIL: [QUALITYEDUCATION@STPIUSVSCHOOL.ORG](mailto:QUALITYEDUCATION@STPIUSVSCHOOL.ORG) • WEBSITE: [WWW.STPIUSVSCHOOL.ORG](http://WWW.STPIUSVSCHOOL.ORG)



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**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 sheets of paper if necessary and attach them to this document.**

**9. Signature of Person Filing this Report:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Note: Reports may be filed anonymously.)

**10: Form Given to:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_



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**II. INVESTIGATION** (Incident report filed by \_\_\_\_\_ Date Incident report filed \_\_\_\_\_)

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 sheets of paper and attach to this document as needed)

1. Finding of bullying or retaliation:

YES  NO

Bullying  Incident documented as \_\_\_\_\_

Retaliation  Discipline referral only \_\_\_\_\_

2. Contacts:

Target's parent/guardian Date: \_\_\_\_\_  Aggressor's parent/guardian Date: \_\_\_\_\_

Catholic Schools Office Date: \_\_\_\_\_  Law Enforcement Date: \_\_\_\_\_

3. Action Taken:

Loss of Privileges  Detention  Referral  Suspension

Community Service  Education  Other \_\_\_\_\_

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 \_\_\_\_\_

(If principal was not the investigator)

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

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