



# Framingham Public Schools Incident Report Form

Bullying is defined as the REPEATED use by one or more students of a written, verbal, or electronic expression, or physical act or gesture directed at a target that causes physical or emotional harm, places the target in reasonable fear of harm, creates a hostile environment at school, infringes on the rights of the target at school, or materially substantially disrupts the education process or operation of school. Bullying is characterized by an imbalance of physical, psychological or emotional power.

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  Administrator  Other (specify) \_\_\_\_\_  
 Your Contact information/telephone number: \_\_\_\_\_

4. If student, state your school: \_\_\_\_\_ Grade: \_\_\_\_\_

5. If a 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): \_\_\_\_\_

7. To your knowledge, has this occurred before?  Yes  No

8. Are there immediate safety or transportation concerns?  Yes  No

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

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

10. 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.

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FOR ADMINISTRATIVE USE ONLY

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

12. Form Given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_