## FAIRHAVEN PUBLIC SCHOOLS SAFE SCHOOLS INITIATIVE INCIDENT REPORTING/COMPLAINT FORM

I. **Report of the Incident:** (Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)

1.	Information about the Incident:		<u>Check:</u>		
	Please identify the alleged aggressor:		Student   Staff   Other		
	Grade				
	Please identify the person(s)	targeted by the aggressor:	□ Student □ Staff □ Other		
	Grade				
	Date(s) of incident:  Time when incident(s) occurred:				
	Incident location (be as speci	ific as possible):			
2.	<b>Witnesses</b> : (List people who saw the incident or have relevant information about the incident):				
	Name:	Student   Staff	□□ Other		
	Name:	Student   Staff	□ Other		
3.		luding the name of person involved, what was sa			
	Use additional paper if necessary.				
			<u>Check:</u> □□Student □ Staff □ Other		
4.	Person Completing Form:				
	School: □□East Fairhaven School □ Wood School □ Fairhaven High School				
	□□ Rogers School □ Hastings Middle School				
	Signature	Date:	Date:		
	Signature.	Bate.	·		
5	Form given to	D. 44			
J.			Data		
	Torm gryon to:	Position:	Date:		
	1 0/m g1/0n 00/		Date:		
		FOR ADMINISTRATIVE USE ONLY	Date:		
II.	Investigation	FOR ADMINISTRATIVE USE ONLY			
II.	Investigation Investigator:	FOR ADMINISTRATIVE USE ONLY  Date Received	Date:		
II.	Investigation Investigator: Position:	FOR ADMINISTRATIVE USE ONLY  Date Received			
II. 1.	Investigation Investigator: Position: Interviews:	FOR ADMINISTRATIVE USE ONLY  Date Received			
II. 1.	Investigation Investigator: Position: Interviews:  □ Interviewed aggressor	FOR ADMINISTRATIVE USE ONLY  Date Received  Name:	Date:		
II. 1.	Investigation Investigator: Position: Interviews:  Interviewed aggressor Interviewed target	FOR ADMINISTRATIVE USE ONLY  Date Received  Name:  Name:	Date: Date:		
II. 1.	Investigation Investigator: Position: Interviews:  □ Interviewed aggressor	FOR ADMINISTRATIVE USE ONLY  Date Received  Name:	Date: Date: Date:		

3.	Any prior documented incidents by the aggressor?	□ Yes □ No		
	If yes, has incidents involved target or target group previo	ously? $\square$ Yes $\square$ No		
	Any previous incidents with findings of BULLYING, HARASSMENT or RETALIATION?   □ Yes □ No			
4.	Summary of Investigation:			
		<del></del>		
	(Please use additional paper and a	attach to this document as needed)		
III	<b>Conclusions from the Investigation:</b>			
1.	Finding:	<u>□ No</u>		
	☐ Bullying (Please complete Tracking Form)	☐ Incident documented		
	☐ Harassment (Please complete Tracking Form)	☐ Discipline referral		
	☐ Retaliation (Please complete Tracking Form)			
2.	Contacts:			
	☐ Contacted target's parent/guardian - Date:			
	□ Contacted aggressor's parent/guardian − Date:			
	□ District Equity Coordinator (DEC) □ Police			
4.	Action Taken:			
	☐ Loss of Privileges ☐ Detention ☐ STEP referra	al □ Suspension □ Community Service		
	☐ Education ☐ New Bedford Youth Court ☐	Other		
5.	Describe Safety Planning:			
Fo	llow-up with Target: Scheduled for:	Initial and date when completed:		
Fo	llow-up with Aggressor: Scheduled for:	Initial and date when completed:		
	Signature:	Date:		

Revised 6/1/13

S.C. Received: 1/13/16