

# VALLEY WEST SCHOOL

269 Moore Street, Chicopee, MA 01013

(413) 592-6069

[www.valleywestschool.com](http://www.valleywestschool.com)

## Bullying Incident Report Form

### I. REPORT

1. Name of Person Filing 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 Behavior    \_\_\_ Reporter (Not Target)

3. Check whether you are a:    \_\_\_ Student    \_\_\_ Staff member (specify role) \_\_\_\_\_

                  \_\_\_ Parent    \_\_\_ Administrator

                  \_\_\_ Other (specify) \_\_\_\_\_

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4. Information about the incident:

Name of Target: \_\_\_\_\_

Name of Aggressor: \_\_\_\_\_

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

Time when incident(s) occurred: \_\_\_\_\_

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

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

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

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

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

6. 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

7. Signature of Person Filing this Report: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_