

Dedham Public Schools
Bullying/Cyber-bullying Reporting Form

Name of Person Reporting: _____ Date: _____

Phone Number: _____ E-mail: _____

Please note that reports may be made anonymously but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.

Are you a:

Student	<input type="checkbox"/>	Staff Member	<input type="checkbox"/>
Parent	<input type="checkbox"/>	Administrator	<input type="checkbox"/>
Other:	<input type="checkbox"/>		

Are you the target of the bullying and/or harassing behavior you are reporting? Yes _____ No _____

Have you witnessed the bullying and/or harassing behavior you are reporting? Yes _____ No _____

Were you told about the bullying and/or harassing behavior you are reporting? Yes _____ No _____

If you are a student, please indicate which school you attend. _____

Information about the Incident and Behavior

Name of victim(s): _____

Name of aggressor(s): _____

Location of incident: _____ Approximate time of incident: _____

Describe the details of the incident and behavior including names of people involved, what occurred, and what each person said/did. Please be as specific as possible and attach additional pages if necessary.

Witnesses

Name: _____

Student

Staff

Other

Name: _____

Student

Staff

Other

Name: _____

Student

Staff

Other

Name: _____

Student

Staff

Other

Report Filing

Report given to: _____

Date: _____

Signature of Person Filing Report

Date