

**WELLESLEY PUBLIC SCHOOLS  
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM**

Wellesley Public Schools (WPS) expects that all members of the school community will treat each other in a civil manner and with respect for differences in accordance with the District's core values. The WPS does not tolerate bullying or retaliation in school buildings, on school grounds, or at school-related activities. All staff members who witness or become aware of bullying or retaliation must inform the Principal immediately. This form may be used for reporting bullying or retaliation. The Principal or his/her designee will investigate all reports of bullying and retaliations, as defined in Massachusetts General Laws Chapter 17, and will take prompt action to end the conduct and restore the target's sense of safety. For more information, please refer to the **WPS Bullying Policy, Prevention and Intervention Plan**, available at all schools and on the WPS website.

**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.)

Check whether you are the:       **Target of the behavior**       **Reporter (not the Target)**

Check whether you are a:       **Student**       **Staff Member**(specify role)\_\_\_\_\_

**Parent**       **Administrator**       **Other**(specify)\_\_\_\_\_

Your contact information/telephone number: \_\_\_\_\_

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

If staff member, state your school or work site: \_\_\_\_\_

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**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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**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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**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**

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

**Form Given to:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_