



Marblehead Community Charter Public School  
17 Lime Street Marblehead, MA 01945  
Tel: 781-631-0777 Fax: 781-631-0500  
Web: marbleheadcharter.org

## Bullying Prevention & Intervention Report

### I. REPORT

1. Name of reporter/person filing the report: \_\_\_\_\_  
*(Please note: A report may be made anonymously but no disciplinary action will be taken against an alleged aggressor solely based upon an anonymous report.)*

2. Which describes you? \_\_\_\_\_ target of the behavior \_\_\_\_\_ reporter (not the target)

3. Which are you? \_\_\_\_\_ student (Grade: \_\_\_\_\_)  
\_\_\_\_\_ staff member (Role: \_\_\_\_\_)  
\_\_\_\_\_ parent  
\_\_\_\_\_ administrator  
\_\_\_\_\_ other than specified \_\_\_\_\_

4. Your phone number: \_\_\_\_\_

5. Information about the incident:

Name of target *(of the behavior)*: \_\_\_\_\_

Name of aggressor *(person who engaged in the behavior)*: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time when incident occurred: \_\_\_\_\_

Location of incident: \_\_\_\_\_

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

Name: \_\_\_\_\_  
\_\_\_\_\_ student \_\_\_\_\_ staff member \_\_\_\_\_ other

Name: \_\_\_\_\_  
\_\_\_\_\_ student \_\_\_\_\_ staff member \_\_\_\_\_ other

Name: \_\_\_\_\_  
\_\_\_\_\_ student \_\_\_\_\_ staff member \_\_\_\_\_ other

MCCPS fosters a community that empowers children to become capable, self-determining, fully engaged individuals who are critical and creative thinkers committed to achieving their highest intellectual, artistic, social, emotional, and physical potential. We are dedicated to involving, learning from, participating in, and serving our school community and the community at large.

7. 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 paper if needed.)*

8. Signature of person filing this report: \_\_\_\_\_  
*(Reports may be filed anonymously.)*

9. Form received by: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

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