

Bedford Public Schools Alleged Bullying Reporting Form

Name of Reporter/Person Filing out this report:				
Check whether you are a:				
\square Student \square Staff member (specify role) \square Parent \square Administrator \square Other (specify):				
"Bullying" is the repeated use by one or more students or by a member of a school staff including, but not limited to, an educator, administrator, school nurse, cafeteria worker, custodian, bus driver, athletic coach, advisor to an extracurricular activity or paraprofessional, of a written, verbal, or electronic expression, or a physical act or gesture, or any combination thereof, directed at a victim that:				
<u>Provide specific Information about the alleged actions</u> (use another page if needed)				
Do the alleged actions constitute any of the below? (Check all that apply):				
 cause physical or emotional harm to the alleged target or damage to the alleged target's property; place the alleged target in reasonable fear of harm to him/herself, or of damage to his/her property; create a hostile environment at school for the alleged target; infringe on the rights of the alleged target at school; materially and substantially disrupt the education process or the orderly operation of a school. For the purposes of this section, bullying shall include cyber-bullying. 				
Bullying MUST include ALL of the following criteria: Actions are deliberate Actions have happened repeatedly				
Name of Alleged Targeted Student:				
Name of Alleged Aggressor:				
The Alleged Aggressor is:				
☐ Student of Bedford Schools ☐ Staff of Bedford Schools ☐ Other (Specify)				



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Date(s) of Incidents(s):	Time When Incidents(s) Occurred:		
Location of Incident(s) (Be as specific as p	possible):		
Witnesses (List people who saw the incident	dent or h	ave information	on about it):
Name: ☐ Other		☐ Student	□Staff
Name:		□Student	□Staff
Name:		□Student	□Staff
Administrative Use Only ***********************************	*****	*****	********
Does this require further investigation?	\square YES	□NO	
Reason(s):			
Parent Notification: TYFS	□ио	Date:	