

# Appendix A

## Hopeful Journeys Educational Center BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

### Reporting Information

Name of Reporter/Person Filing the Report (Print Name): \_\_\_\_\_

(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. Reports may be given to any Hopeful Journeys staff member.)

Check whether you are the:  Target of the behavior  Reporter  
(knowledge of incident)

Check whether you are a:  Student  Staff member (specify role) \_\_\_\_\_  
 Parent  Administrator  Other (specify) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If student, state your grade: \_\_\_\_\_

### Information about the Incident

Name of Target (of the behavior): \_\_\_\_\_

Name of Aggressor (Person who engaged in the behavior): \_\_\_\_\_

Date(s), Time(s), and Location(s) of Incident(s) (Be as specific as possible):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

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

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

Other \_\_\_\_\_

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

Other \_\_\_\_\_

**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 and attach to this document as needed.

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Any questions or comments regarding this form or our policy can be directed to Dara Pearsol, Operations Director via email ([dpearsol@hopefuljourneys.com](mailto:dpearsol@hopefuljourneys.com)), phone (978-993-8096, Ext. 112) or mail (28 Tozer Road, Beverly, MA 01915)

**For School Personnel Only**

**Form Given To:.** \_\_\_\_\_  
**Position:.** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Reviewed By:.** \_\_\_\_\_  
**Position:.** \_\_\_\_\_ **Date:.** \_\_\_\_\_