

1. Name of Reporter:

Marlborough Public Schools

Email this form to: Bullying-Report@mps-edu.org

District Education Center 25 Union Street, Marlborough, MA 01752 (508) 460-3509

BULLYING AND HARASSMENT INCIDENT REPORTING FORM MARLBOROUGH PUBLIC SCHOOLS

(Note: Reports may be made anonymo an anonymous report.)	usly, but no d	lisciplinary act	ion will be t	aken again	st an alleged ag	gressor solely on the basis of
2. Check whether you are the:	f the behavior			Reporter (not the target)		
3. Check whether you are a:	Check whether you are a: Student Staff member (spec					
	Parent	Administrator Other		Other (s	(specify)	
. State your school or work site:		MHS	Whitcor	nb	Goodnow	
5. Information about the Incid	ent:	Jaworek	Kane		Richer	Early Childhood
Name of Target (of beh	avior)					
Name of Aggressor (alle	eged bully/	harasser):				
Date(s) of Incident(s):						
Time When Incident(s)	Occurred					
Location of Incident(s)	(Be specifi	c.)				
6. Witnesses (List of people who	saw the incid	dent or have i	information	about it):		
Name:		Stı	ıdent	Staff	Other	
Name:		Stı	ıdent	Staff	Other	

Additional List of Witnesses is attached to this form.

Name:

Student

Staff

Other

^{*}If concerned about anyone's immediate physical safety, please call 911 first, then notify an administrator.



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7. Describe the details of the incidid and said, including specific w			
ard and said, merdding speeme w	ords used). I lease use addition	nai space on the back, it necess	
	FOR ADMINISTRATIV	E USE ONLY	
8. Signature of Person Filing to (Note: Reports may be filed anonanonymous report of bullying)		Date: al may not be subject to discipline	e on the basis of an
9. Form given to:	Position:	Date:	