



Marlborough Public Schools

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

BULLYING AND HARASSMENT ALLEGATION REPORTING FORM MARLBOROUGH PUBLIC SCHOOLS

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

1. Name of Reporter:

(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.)

2. Check whether you are the: Target of the behavior Reporter (not the target)

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

4. State your school or work site: MHS Whitcomb Goodnow
 Jaworek Kane Richer Early Childhood

5. Information about the Incident:

Name of Target (of behavior)

Name of Aggressor (alleged bully/harasser):

Date(s) of Incident(s):

Time When Incident(s) Occurred

Location of Incident(s) (Be specific.)

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

Name: Student Staff Other

Name: Student Staff Other

Name: Student Staff Other

Additional List of Witnesses is attached to this form.

www.mps-edu.org

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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 space on the back, if necessary.

FOR ADMINISTRATIVE USE ONLY

8. Signature of Person Filing this Report:

Date:

(Note: Reports may be filed anonymously; however, an individual may not be subject to discipline on the basis of an anonymous report of bullying)

9. Form given to:

Position:

Date:

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