

PITTSFIELD SCHOOL DISTRICT

BULLYING REPORT

NAME OF WITNESS/REPORTER: _____

POSITION: _____

NAME OF VICTIM: _____

NAME OF ALLEGED BULLY: _____

DATE OF INCIDENT: _____ DATE OF REPORT: _____

1. Environment prior to incident: _____

2. Description of incident: _____

3. Description of action taken: _____

4. List of those people made aware of incident: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of person completing report: _____

Position of person completing report: _____

cc: Superintendent
Pittsfield Police Department (only when incident includes an act of theft, destruction of property, or violence as defined in the Safe School Act)
Student's Discipline File