

INCIDENT REPORT FORM

Keefe Technical School • 750 Winter Street • Framingham, MA 01702 • 508-416-2100

To report an incident, please complete this form and return it to Mr. Collins/Assistant Principal-Discipline, Mr. Evans/Principal, or the Main Office switchboard. The Principal or Assistant Principal/Discipline will investigate the incident and determine if bullying has occurred. To make this an anonymous report, do not provide your name or sign the form. No student accused of bullying will be disciplined solely on the basis of an anonymous report.

Your Name	Day, Date, and Time of Incident
I am: <input type="checkbox"/> a student <input type="checkbox"/> a staff member <input type="checkbox"/> a parent	I am: <input type="checkbox"/> the target <input type="checkbox"/> a witness <input type="checkbox"/> aware of the incident
Location of Incident <i>Please be specific. If it occurred in school, where exactly? (cafeteria, class, shop, hallway)</i> <i>If it occurred out of school, where exactly? (on the bus, at a school sponsored event, at a home)</i>	
Students Involved in Incident: <i>If you do not know the names of the students, please provide a physical description or other helpful identifying information.</i>	
Target(s) Name/Description	
Aggressor(s) Name/Description	
Witnesses to Incident <i>List all persons you believe witnessed the incident.</i>	
Does the incident involve the use of electronic communication? <i>(for example: phone calls, email, texts, Facebook, My Space, Gaming)</i> Yes or No	
Describe the incident in detail _____ _____ _____ _____ _____	
Do you have any material to support your description <i>(copies of emails, pictures, or texts?)</i> Y or N <i>If yes, what?</i>	
Is this the first time you have reported an incident involving these students? Y or N	

PRINT YOUR NAME

SIGN YOUR NAME

DATE

To complete this report anonymously, do not print or sign your name