

Ways to Report!



Hard Copies

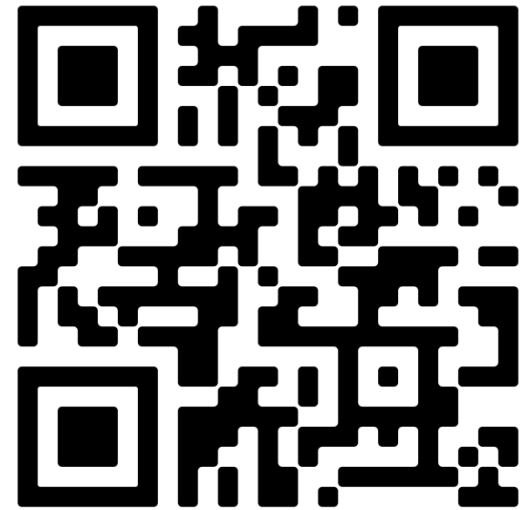
Forms are located in the :

- Equity Office (HS building)
- Front Office
- Nurse's Office
- Guidance

Online

Forms are Located in the :

- www.miltonps.org/school-committee/bullyingpeer-aggression-information
- Home school website



When Should You Report!

Feel Unsafe

Witness to an
Incident

Experiencing
Harmful
Behaviors

Experiencing
Harmful
Words

Unsure and
Need Help
Processing

Need Support
with the
Experience

Incidents Involving:



FAMILY &
students

STAFF

PRINCIPAL

SUPERINTENDENT

Reports Go
To:

- Teacher/Coach
- Department Heads
- Principal
- Equity Office
- Central Office

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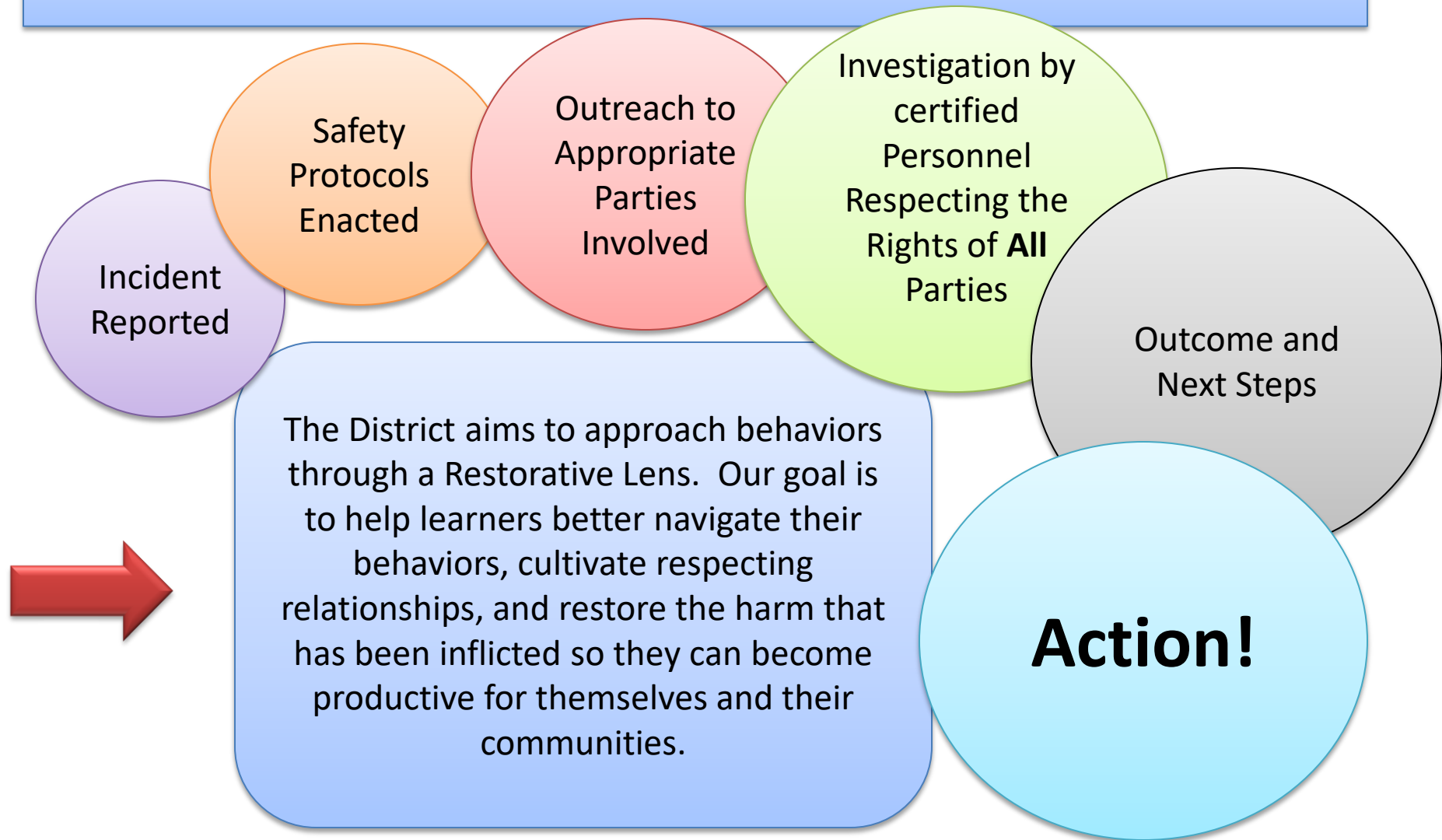
Reports Go
To:

- Equity Office
- Central Office

Reports Go
To:

- School Committee

The Process!



Some Considerations:

1. The Bullying Prevention and Intervention Plan already has a component around Identityism.
2. How can we use the current Bullying Prevention and Intervention Plan to support our equity work around Identityism and current district needs?
3. Were those impacted by this policy at the table and equipped to engage in this work?
4. Does the current plan address the current needs of the district?
5. Has this data been tracked by the district to inform district needs?
 - Does our form allow us to track such data?
6. If not, how can we redesign the current plan and implementation to ensure ALL learners (students, staff, families, and community partners) have access and utilize the policy?

The current form the district uses is a replica to DESE sample form:

APPENDIX A SAMPLE BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Reporter/Person Filing the Report: This line may be left blank if an anonymous report is being made
(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) _____
Your contact information/telephone number: _____
4. If student, state your school: _____ Grade: _____
5. If staff member, state your school or work site: _____
6. Information about the Incident:
Name of Target (of behavior): _____
Name of Aggressor (Person who engaged in the behavior): _____
Date(s) of Incident(s): _____
Time When Incident(s) Occurred: _____
Location of Incident(s) (Be as specific as possible): _____
7. Witnesses (List people who saw the incident or have information about it):
Name: _____ ☐ Student ☐ Staff ☐ Other _____
Name: _____ ☐ Student ☐ Staff ☐ Other _____
Name: _____ ☐ Student ☐ Staff ☐ Other _____
8. 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 back if necessary.

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: _____ Date: _____
(Note: Reports may be filed anonymously.)
10. Form Given to: _____ Position: _____ Date: _____

APPENDIX A

Signature: _____ Date Received: _____

II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____
 2. Interviews:
☐ Interviewed aggressor Name: _____ Date: _____
☐ Interviewed target Name: _____ Date: _____
☐ Interviewed witnesses Name: _____ Date: _____
 3. Any prior documented incidents by the aggressor? ☐ Yes ☐ No
If yes, have incidents involved target or target group previously? ☐ Yes ☐ No
Any previous incidents with findings of BULLYING, RETALIATION ☐ Yes ☐ No
- Summary of Investigation: _____

(Please use additional paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:
☐ YES ☐ NO
☐ Bullying ☐ Incident documented as _____
☐ Retaliation ☐ Discipline referral only _____
2. Contacts:
☐ Target's parent/guardian Date: _____ ☐ Aggressor's parent/guardian Date: _____
☐ District Equity Coordinator (DEC) Date: _____ ☐ Law Enforcement Date: _____
3. Action Taken:
☐ Loss of Privileges ☐ Detention ☐ STEP referral ☐ Suspension
☐ Community Service ☐ Education ☐ Other _____
4. Describe Safety Planning:
Follow-up with Target: scheduled for _____ Initial and date when completed: _____
Follow-up with Aggressor: scheduled for _____ Initial and date when completed: _____

Report forwarded to Principal: Date _____ Report forwarded to Superintendent: Date _____
(If principal was not the investigator)

Signature and Title: _____ Date: _____

This is the form Cambridge School Department uses:

Cambridge Public Schools Harassment & Bullying Reporting Form

Name of person filing report _____

(Reports may be filed anonymously, but disciplinary action cannot be taken solely on the basis of an anonymous report.)

Today's Date: _____

I am (check one)

☐ Complainant (target of harassment/bullying) ☐ Reporter (not target)

At school, I am (check one) ☐ student ☐ teacher ☐ parent/guardian/caregiver

☐ administrator ☐ staff member (specify role) _____ ☐ other (specify) _____

My Email _____

My Phone _____

(Anonymous reporters are not required to submit contact information)

About the incident

Name of target of harassment/bullying behavior _____

Name of person engaged in harassment/bullying behavior _____

(If you don't know their name, describe as well as you can.)

Date(s) of incident(s) _____

Time(s) when incident(s) occurred _____

Location(s) of incident(s) _____

Type of incident:

- ☐ Harassment or Bullying on the basis of sex
- ☐ Harassment or Bullying on the basis of race, color, ethnicity or national origin
- ☐ Harassment or Bullying on the basis of disability
- ☐ Harassment or Bullying on the basis of sexual orientation
- ☐ Harassment or Bullying on the basis of gender identity/expression
- ☐ Harassment or Bullying on the basis of religion
- ☐ Harassment or Bullying on the basis of age
- ☐ Harassment or Bullying on the basis of genetic information

Witnesses

Please provide the names of people who saw the incident or may have information about it

New Google Form

- Milton Public Schools Bias Incident/Sexual Misconduct Reporting Form is complete and has been shared for feedback with stakeholders. Feedback has been incorporated.
- Student voice has been elevated through formal and informal forums- listening to their experiences with bias and their thoughts about action steps
- Has components to capture identity demographics.
- [Bias Incident/Sexual Misconduct Reporting Form](#)

Next Steps:

- **Short term goals:**

- Review the reporting system to ensure it aligns with state laws and regulations,
- Re-establish expectations of practices with the current reporting system,
- Initiate a district protocol to capture, monitor, and analyze such data, and
- Build the district's capacity to fairly and consistently investigate bullying incidents around identity, bias, and harassment.

- **Long term goals:**

- Re-engage the team (with an inclusive and diversified lens) to continue this work,
- Review the policy, process, and tools from an Equity Lens with a focus on the current needs of the district,
- Reconstruct the Bully Prevention and Implementation Plan in alignment to state laws and the current needs of the district,
- Obtain student, families, staff, and community partners input on the new plan,
- Submit plan for approval by June, 2022.
- Build out an implementation plan with an identified K-12 curriculum for staff, families, and students so the plan can be implemented with fidelity by all constituents of the district at all levels.



Notes: