

Cambridge Public Schools Harassment & Bullying Reporting Form

Submit form to your child's Principal or Assistant Principal or file a report through our online incident reporting system, Speakfully.

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)

Target of the Behavior Witness (I saw the incident happen, but I was not the target) Reporter (I was not present when the incident happened; someone shared this incident with me)

At school, I am (check one) student parent/guardian/caregiver
 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 and their position 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

Name _____ Student Staff Other

Name _____ Student Staff Other

Name _____ Student Staff Other

Details of the Incident(s): *On the back of this form please provide detailed information about the harassment/bullying incident; what occurred, what each person did/said/wrote and any specific words that were used. If you have second hand information (that you heard from others) about the incident, please include it here. Use additional space on the back of this form, if needed. Please attach any documentation that may be helpful.*

Thank you, this report will be followed up on within 2 school/work days. If you fear a student is in IMMEDIATE danger, any adult in your school can help you right away.

ADMINISTRATIVE USE ONLY

Date Received _____ Received by _____

Investigation Conducted by _____



Please enter the details of the incident below: