



Saint Raphael School

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Bullying Report Form

Date Received in Main Office: ___ / ___ / ____

Reporting Date: ___ / ___ / ____

Date of Incident: ___ / ___ / ____

Reporter's Name: _____

Reporter's role in school community: family/parent ___ student ___ staff ___

Reporter is: a witness ___ a person targeted ___ reporting incident that someone told me about ___

Description of incident: _____

(If need be, please finish on the back of this form)

Did the person targeted report this incident to a staff person in the school? Yes ___ No ___

Person targeted reported the incident to the staff person on what date? ___ / ___ / ____

Staff person's name: _____

Is this the first incident the person targeted has had with this/these individual(s)?

Yes ___ No ___ Individual's name: _____

Yes ___ No ___ Individual's name: _____

Yes ___ No ___ Individual's name: _____

Yes ___ No ___ Individual's name: _____

- Mr. Bedrosian will investigate this report.
- He will report back to you within 24 hours his initial findings.
- He will also report to you his final findings in a timely manner. The investigation will include speaking with the person targeted.
- The investigation never includes the person targeted being interviewed along with those reported to be involved.

The investigation also includes providing due process to individuals in your report. Due process may include revealing the name of the person targeted, the reporter, and the claims made by them.

Students will not be disciplined if due process is not provided.

Do you understand this Due Process? Yes ___ No ___

Thank you.