



TOWN OF NEWTON, NH
OFFICE OF THE SELECTMEN
P.O. Box 378
2 Town Hall Road
Newton, NH 03858



BULLYING / HARASSMENT INVESTIGATION REPORT

Name of Person Filing Report: _____

Check whether you are: Target of incident ☐ Reporter (Not the target) ☐

Date & Time of Incident: _____

Location of the Incident: _____

Name of the Target: _____

Name of the Aggressor: _____

Witness(s) (List people who saw the incident and have pertinent information)

Name: _____	Contact #: _____
Name: _____	Contact #: _____
Name: _____	Contact #: _____

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 sheets of paper if necessary and attach to this document.)

I agree that the entire investigation process is for the purpose of discussing and exploring a resolution of a complaint. I understand that all promises, proposals, conduct, and statements made in the course of the investigation are confidential and will not be voluntarily disclosed by the investigators to the extent permitted by law.

Signature of Person Filing Report: _____ **Date:** _____

Signature of Recipient: _____ **Date:** _____