

**APPENDIX B**

**Canton Public Schools**

**BULLYING & HARASSMENT INVESTIGATION FORM**

- Suspicion of Bullying Reporting Form Attached
- Relevant Documents/Tangible Evidence Attached
- Interim Measures are in Place for Target/Victim

**Part 1: Investigation**

<b>Investigator</b> (name and position):	<b>Investigation Start Date:</b>
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**Investigation**

- Review discipline and school records (include IEP, 504s)
- Consult as needed with additional staff (e.g. SPED Liaison, counselor, nurse).  
Include names here:
- Determine which additional staff, if any, needs to be present during student interviews and/or decision process.  
Include names here:
- Conduct Interviews: *(conduct interview separately; inform those being interviewed of the purpose of the interview, the need to be truthful and the prohibition against retaliation; obtain written statements when possible)*

Interviewed Reporter	Name:	Date:
Interview Alleged Aggressor(s)	Name:	Date:
	Name:	Date:
Interviewed Target(s)	Name:	Date:
	Name:	Date:
Interviewed Witness(es)	Name:	Date:
	Name:	Date:
	Name:	Date:
	Name:	Date:

Notes:

Any Prior Documented Incidents by the alleged aggressor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have incidents involved target or target group previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any previous incidents with findings of bullying, harassment or retaliation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Harassment/bias indicators present:**

<input type="checkbox"/> Bias-related oral slurs; gestures <input type="checkbox"/> Bias-related written or electronic comments or markings, drawings, graffiti, symbols <input type="checkbox"/> Incident occurred on a holiday or date of significance to target or target group <input type="checkbox"/> Animosity exists between alleged perpetrator's and target's groups	<input type="checkbox"/> Location of incident indicates bias <input type="checkbox"/> Target perceives incident as motivated by group membership <input type="checkbox"/> Target belongs to a group that is relatively small in number in school <input type="checkbox"/> Hate group involvement <input type="checkbox"/> Other: _____
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**Nature of Bullying/Harassment**

<input type="checkbox"/> <b>Severe</b> (may happen in one episode if it involves a particularly offensive comment or some sort of physical touching)	<input type="checkbox"/> <b>Pervasive</b> (involves less serious conduct that happens frequently over a long period of time.)	<input type="checkbox"/> <b>Persistent</b> (constantly repeated/cont.) <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> <b>None/Not Applicable</b>
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**SUMMARY OF INVESTIGATION** (Attach relevant documents and tangible evidence reviewed)

Possible Evidence:

- Print-outs of blog posts, social networking pages, emails, etc.
- Copies of written statements
- Police Report(s)
- Nurse Report(s)
- Video Surveillance (if available)
- Information from prior investigations involving the same parties
- Other:
- Other:
- Other:

## Part 2: Conclusions from Investigation

**Bullying** is when a person is exposed, repeatedly, and over time, to negative/harmful actions by one or more other persons.

**Harassment** is defined as unwelcome conduct, whether verbal or physical, that is based on race, national origin, sex, gender expression, sexual orientation, religious beliefs, disability or age.

**Retaliation** is defined as any form of intimidation, reprisal, or harassment directed against a student who reports bullying, provides information during an investigation of bullying, or witnesses or has reliable information about bullying.

**Sexual Harassment** is defined as unwelcome sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature with the purpose or effect of unreasonably interfering with an individual's academic performance by creating an intimidating, hostile, humiliating or sexually offensive school environment.

Check all that apply:

- Repeated** use by one or more students/staff of a written, verbal or electronic expression or a physical act or gesture or any combination thereof, directed at a target that: (must include at least one of the following)
- Causes **physical or emotional harm** to the target or damage to the target's property;
- Places the target in **reasonable fear of harm to himself or herself** or damage to his/her property;
- Creates a **hostile environment** at school for the target;
- Infringes on the rights** of the target at school; or
- Materially and substantially **disrupts the education process** or the orderly operation of a school
- Involves an imbalance of perceived or real physical or social power between target and aggressor(s)*
- Retaliation from reporting of previous incident*

Finding of Bullying, Harassment or Retaliation:

Yes

No

If Harassment, type of harassment:

Race/Color

Disability

Age

Sexual Orientation

National Origin/  
Ancestry

Religion

Sex

Gender Identity or Expression

Finding of Other Behavioral Infractions (describe):

Police Notified

Yes

No

Special Education Status

Is alleged target or aggressor on 504 plan or IEP?

Yes

No

If yes, was 504 Coordinator or Team Chair notified?

Yes

No

Provide a Final Determination

Incidents **did not** meet the definition of bullying

Conduct of concern will be addressed by principal or designee

Bullying/Harassment/Retaliation **has occurred** and will be addressed by principal or other designee

Criminal bullying has occurred and police have been notified due to possible criminal charges.

### Part 3: Safety Planning / Actions Taken

If bullying, harassment or retaliation is found, apply appropriate disciplinary, corrective and remedial action to stop the behavior, prevent its reoccurrence and remedy the effects of the behavior on the target and the school.

#### Remediation Actions:

- Behavioral Remediation Agreement** attached (if applicable)
- Individual Behavior Plan** attached (if applicable)
- Other** (check or describe)
  - Community Service
  - Counseling (for aggressor)
  - Education/Training
  - Staff: written reprimand, suspension or termination
  - Other: \_\_\_\_\_
  - Loss of Privileges
  - Limitation of Extracurriculars
  - Suspension (dates excluded: \_\_\_\_\_)

#### Student/Staff Safety Actions:

Scheduled follow-up with Target: \_\_\_\_\_

#### Notification and Documentation

- |  |       |                   |
|--|-------|-------------------|
| <input type="checkbox"/> Parent(s)/Guardian(s) of the target   | Date: | Person Contacted: |
| <input type="checkbox"/> Parent(s)/Guardian(s) of student aggressor  | Date: | Person Contacted: |
| <input type="checkbox"/> School Information systems  | Date: | Person Contacted: |
| <input type="checkbox"/> School alert system (if necessary)  | Date: | Person Contacted: |
| <input type="checkbox"/> Counselor of target   | Date: | Person Contacted: |
| <input type="checkbox"/> Counselor of aggressor  | Date: | Person Contacted: |
| <input type="checkbox"/> Special Education (for those on 504 plan or IEP and repeat offenders)   |       |                   |
| <input type="checkbox"/> Law Enforcement/SRO (if conduct may result in criminal charges)   |       |                   |
| <input type="checkbox"/> Other schools, coaches, and staff members (as appropriate) for implementing the disciplinary, remediation, and student safety actions. Please describe. |       |                   |

#### NOTES:

Administrator/Investigator Signature

Date:

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