

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Reporter/Person Filing the Report: _____
(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: Parent: Administrator:
Staff member (specify): _____ Other (specify): _____

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

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.

9. Signature of Person Filing this Report: _____ Date: _____
(Note: Reports may be filed anonymously.)

10. Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____

FOR ADMINISTRATIVE USE ONLY

II. INVESTIGATION

Investigator(s): _____ Position(s): _____

Interviews:

<input type="checkbox"/>	Interviewed aggressor	Name: _____	Date: _____
<input type="checkbox"/>	Interviewed target	Name: _____	Date: _____
<input type="checkbox"/>	Interviewed witnesses	Name: _____	Date: _____

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 or 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 document as: _____

Retaliation: Discipline referral only: _____

2. Contacts:

Target's parent/guardian: _____ Date informed: _____

Aggressor's parent/guardian: _____ Date informed: _____

District Equity Coordinator: _____ Date informed: _____

Law Enforcement: _____ Date informed: _____

3. Action Taken:

Loss of Privileges: Detention: STEP referral: Suspension: Education:

Community Service: Other: (specify) _____

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: _____