

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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 _____ Staff member(specify role) _____
_____ Parent _____ Administrator _____ Other(specify) _____

Your contact information / telephone: _____

4. If student, state your school: _____ Grade _____

5. If staff member, state your school or worksite: _____

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

8. 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 and attach if necessary.

FOR ADMINISTRATIVE USE ONLY

9. Signature of person filing this report: _____ Date: _____

Form Given to: _____ Position: _____

Signature: _____ Date received: _____

II. INVESTIGATION

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

2. Interviews:

_____ Interviewed aggressor Name: _____ Date: _____

_____ Interviewed target Name: _____ Date: _____

_____ Interviewed witnesses Name: _____ Date: _____

3. 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, retaliation? _____ Yes _____ No

Summary of Investigation:

(Please use additional paper and attach to this document as needed)

III. CONCLUSIONS FORM THE INVESTIGATION

1. Finding of bullying or retaliation: _____ YES _____ NO

Incident documented as _____

Discipline referral only _____

2. Contacts:

Targets parent / guardian Date: _____ Aggressors parent / guardian Date: _____

District coordinator Date: _____ Law Enforcement Date: _____

3. Action Taken:

_____ Loss of privileges _____ Detention _____ Referral _____ Suspension

_____ Community Service _____ Education _____ Other _____

4. Describe Safety Planning: _____

Follow-up with Target: scheduled for _____ Initial date when completed _____

Follow-up with Aggressor: scheduled for _____ Initial date when completed _____

Report forwarded to Principal and Head of School: Date _____

Signature and Title: _____ Date _____