

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

Your contact information
Telephone Number and/or Cell Phone Number: _____
Current Address: _____

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

5. If staff member, state your school or work site:

6. Information about the Incident:

Name of Student Being Targeted (of behavior): _____
Name of Student 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
Contact Information: _____
Name: _____ Student Staff Other
Contact Information: _____
Name: _____ Student Staff Other
Contact Information: _____

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 on back if necessary.

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

FOR ADMINISTRATIVE USE ONLY

10: Form Given to: _____ Position: _____

Date Form Given: _____

Signature of Person Completing this Section: _____

Date Received by Administration: _____

II. INVESTIGATION

1. Investigator(s): _____

Position(s): _____

2. Interviews:

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

<input type="checkbox"/> YES		<input type="checkbox"/> NO
------------------------------	--	-----------------------------

<input type="checkbox"/> Bullying	<input type="checkbox"/> Incident documented
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Discipline referral only

2. Contacts:

- Target's parent/guardian Date: _____
- Aggressor's parent/guardian Date: _____
- District Equity Coordinator (DEC) Date: _____
- Law Enforcement Date: _____

3. Action Taken:

- Loss of Privileges
 Make Amends
- Detention
- STEP referral
- Suspension
- Community Service
- Education
- Other _____

4. Describe Safety Planning:

Follow-up with Student Targeted: scheduled for _____ Initial and date when completed: _____

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

Report forwarded to Principal: Date _____

Report forwarded to Superintendent: Date _____

Signature and Title (If principal was not the investigator): _____

Date Report Completed: _____