

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Report/Person filing the report:

(Note: Reports may be made anonymously, but no disciplinary action will be taken against the alleged aggressor solely on the basis of an anonymous reports.)

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: _____

Your contact information/telephone number: _____

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): _____

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 on back if necessary.

9. Are there immediate safety or transportation needs for the target? Yes No

If yes, specify need(s) and action taken:

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

(Note: Reports may be filed anonymously)

11. Form given to: _____ Position: _____

Date given: _____

Signature: _____ Date Received: _____

II. Investigation

1. Investigator(s): _____

Position(s): _____

2. Interviews:

Interviewed aggressor Name: _____ Date: _____

Interviewed Target Name: _____ Date: _____

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, 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 Retaliation Incident documented as: _____
 Discipline referral only _____

- 2. Contacts:
 Target's parent/guardian Date: _____
 Aggressor's parent/guardian Date: _____
 District Equity Coordinator Date: _____
 Law Enforcement Date: _____

- 3. Action taken for aggressor:
 Loss of privileges Education Detention Suspension Community Service
 Referred for counseling Other: _____

- 4. Were safety or transportation needs identified for the target? Yes No
If yes, specify need (s) and action taken: _____

- 5. Describe Safety Planning: _____
Staff notified: Teacher Counselor Other: _____
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: _____

IV. Statistical Summary

Specific details of incident include (check all that apply):

- Careless hurtful remarks Exclusion Verbal/written teasing (Electronic Yes No)
- Physical harassment Physical threats Verbal/written taunts/threats (Electronic Yes No)
- Physical attack Aggression encouraged by others Damage to property Stolen property
- Fear of retaliation Other: _____
- Bullying Cyberbullying

Signature and Title of Investigator: _____ Date: _____

