

Bullying/Harassing 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 -Grade____ Staff Member (title) _____
- School/Site: _____ Parent Administrator Other _____
- Your contact information/telephone number: _____

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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 the Incident(s) Occurred: _____
- Location of Incident(s) (Be as specific as possible): _____

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7. Witnesses (List people who saw the alleged incident or have information about it):
- Name: _____ student staff other _____
- Name: _____ student staff other _____
- Name: _____ student staff other _____
- Name: _____ student staff other _____

8. Describe the details of the alleged incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space if necessary.

FOR ADMINISTRATIVE/DESIGNEE USE ONLY

9. Signature of Person Filing this Report: _____ Date: _____
10. Form Submitted To: _____ Position: _____
- Signature: _____ Date Received: _____

Investigation

1. Administrator(s) _____ Position(s) _____

2. Interviews:

Interview Aggressor: _____ Date: _____

Interviewed Target: _____ Date: _____

Interviewed Witnesses: _____ Date: _____

_____ 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

Conclusions From the Investigation

Findings

Bullying Not substantiated Retaliation Not substantiated

Contacts

Target's parent/guardian _____ Date: _____

Aggressor's parent/guardian _____ Date: _____

Law Enforcement _____ Date: _____

District Equity Coordinator _____ Date: _____

Action

Loss of Privileges Detention AIC Suspension

Community Service Bus Suspension

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 _____

Signature and Title: _____ Date: _____