

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. **Name of Reporter Submitting 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) __ Social Inclusion** _____
 Parent **Administrator** **Other (specify)** _____
- Your contact information/telephone number:** _____
4. **If a student from another school, state your school:** _____ **Grade:** _____
5. **If a staff member at another school, state your school or work site:** _____
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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 Incident(s) Occurred:** _____
- Location of Incident(s)** (Be as specific as possible): _____
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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 _____
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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:** _____

FOR ADMINISTRATIVE USE ONLY

- Copy given to School Director** **Date:** _____
- Copy given to teacher(s)** **Date:** _____

II. INVESTIGATION

1. Investigator(s): _____

2. Position(s): _____

3. Interviews:

- Interviewed/observed aggressor Name: _____ Date: _____
- Interviewed/observed target Name: _____ Date: _____
- Interviewed/observed witnesses Name: _____ Date: _____

4. 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

- Bullying
- Retaliation

2. Contacts:

- Target's parent/guardian Date: _____
- Aggressor's parent/guardian Date: _____
- Social Inclusion Coordinator Date: _____
- Law Enforcement Date: _____

3. Action Taken:

- Loss of Privileges Detention
- Social Inclusion meeting referral Suspension
- Education Other _____

If NO finding of bullying or retaliation:

Incident documented as:

- Rough play/fighting
- Teasing
- Misunderstanding
- Disagreement
- Inappropriate language
- Other: _____

Disciplinary action:

- Loss of privileges: _____
- Detention
- Suspension
- Other: _____

5. Describe Safety Planning:

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

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

Report forwarded to School Director: Date _____ Report forwarded to teacher(s): Date _____

(If School Director was not the investigator)

Signature and Title: _____ Date: _____