

# APPENDIX A

## Bullying Prevention and Intervention Incident Reporting Form

### I. REPORT

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:** \_\_\_\_\_

4. **If student, state your school:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

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### 6. Information about the Incident(s):

Name(s) of alleged Target(s) (of behavior): \_\_\_\_\_

Name(s) of alleged Aggressor(s) (Person who engaged in the behavior): \_\_\_\_\_

Date(s) of Incident(s): \_\_\_\_\_

Time(s) When Incident(s) Occurred: \_\_\_\_\_

Location(s) of Incident(s) (Be as specific as possible): \_\_\_\_\_

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### 7. Alleged Witness(es) (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(s):** include names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on the back if necessary.

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

**APPENDIX A**

**FOR ADMINISTRATIVE USE ONLY**

**10. Form Given to:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**II. INVESTIGATION**

**1. Investigator(s):** \_\_\_\_\_ **Position(s):** \_\_\_\_\_

**2. Interviews:**

- Interviewed alleged aggressor(s)      Name: \_\_\_\_\_      Date: \_\_\_\_\_
- Interviewed alleged target(s)      Name: \_\_\_\_\_      Date: \_\_\_\_\_
- Interviewed alleged witness(es)      Name: \_\_\_\_\_      Date: \_\_\_\_\_

**3. Any prior documented Incidents by the aggressor?**       Yes       No  
 If yes, have incidents involved the alleged target or target group previously?       Yes       No  
 Any previous incidents with findings of BULLYING and/or RETALIATION?       Yes       No

**4. 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       Incident documented as \_\_\_\_\_
- Retaliation       Discipline referral only \_\_\_\_\_

**2. Contacts:**

- Target's parent/guardian(s)      Date: \_\_\_\_\_       Aggressor's parent/guardian(s)      Date: \_\_\_\_\_
- Law Enforcement      Date: \_\_\_\_\_

**3. Action Taken:**

- Loss of Privileges       Detention       SST referral       Suspension       Community Service       Education
- Other \_\_\_\_\_

**4. Describe Safety Planning:** \_\_\_\_\_

Follow-up with alleged Target: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_  
 Follow-up with alleged Aggressor: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

**Report forwarded to Principal:** Date \_\_\_\_\_ **Report forwarded to Superintendent:** Date \_\_\_\_\_  
 (If principal was not the investigator)

**Signature and Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_