

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Person Filing the Report: _____

2. Information about the Incident

Name of Target (of behavior): _____

Name of Reported Aggressor : _____

Date(s) & Times of Incident(s): _____

Location of Incident(s) : _____

3. Witnesses (List people who saw the incident or have information about it):

Name: _____ ___ Student ___ Staff ___ Other

Name: _____ ___ Student ___ Staff ___ Other

Name: _____ ___ Student ___ Staff ___ Other

4. 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 pages if necessary.

5. Signature of Person Filing this Report: _____ Date: _____

(Note: Reports may be filed anonymously.)

6. Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____

II. INVESTIGATION

1. Interviewer : _____ 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 the target or target group previously? Yes No
 Any previous incidents with findings of bullying, retaliation? Yes No

Summary of Investigation:

Which of the following characteristics of bullying behavior apply?

Yes No unwanted, intentionally aggressive behavior that is aimed at harming another person

Yes No carried out repeatedly

Yes No in a relationship where there is a power differential

FOR ADMINISTRATIVE USE ONLY

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 Date: _____ Aggressor's parent/guardian Date: _____
 Police Date: _____

3. Action Taken:

- Loss of Privileges Detention Counselor referral Suspension
 Community Service Education Other _____

4. 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: _____

Report forwarded to Principal (If principal was not the investigator) :

Date _____ Report forwarded to Superintendent: Date _____

Signature and Title: _____ Date: _____