# 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.**

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**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

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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: _____**