## **Bullying Investigation Form**

Instructions: Attach all reports, documents, evidence, and written accounts of the alleged bullying incident(s) to this investigation form. Date of Bullying Report: \_\_\_\_\_ Designated Administrator: Date Designated Administrator Received Report: Date Investigation Started: \_\_\_\_\_ Date Investigation Completed: \_\_\_\_\_ Investigator: \_\_\_\_\_ Position/Title: \_\_\_\_ I. Initial Review Is the alleged bullying incident(s) within the District's authority to investigate? [ ] Yes [ ] No If No, notify the Complainant and provide resources for support. If Yes, move to next question. Is the alleged bullying incident(s) within the scope of this exhibit's accompanying policy? If No, the report should be promptly investigated pursuant to the applicable Board policy. If Yes, promptly investigate the complaint pursuant to this exhibit's accompanying policy. If possible criminal conduct is involved, was law enforcement notified? []Yes []No []N/A Date: \_\_\_\_\_ Contact person: \_\_\_\_\_ Status, if known: II. Bullying Report & Investigation Information

Name of Complainant: \_\_\_\_\_

Check one:	[ ] Student [ ] Parent/Guardian [ ] Staff			
	[ ] Other (please specify):			
If a student, s	If a student, specify school and grade (optional):			
If a parent/gu	ardian or other, provide contact information:			
Is the Compla	ainant the target of the alleged bullying being reported? [ ] Yes [ ] No			
Does the Cor	mplainant wish to remain anonymous? [ ] Yes [ ] No			
Student(s) rep	ported as targets of alleged bullying (use reverse side if needed):			
Name:	School: Grade:			
Name:	School: Grade:			
Name:	School: Grade:			
Person(s) rep	ported as engaged in alleged bullying conduct (use reverse side if needed):			
Name:	[ ] Student [ ] Staff [ ] Other			
Name:	[] Student [] Staff [] Other			
Name:	[] Student [] Staff [] Other			
Person(s) repreverse side i	ported as having witnessed or knowledge about the alleged bullying (use if needed):			
Name:	[ ] Student [ ] Staff [ ] Other			
Name:	[ ] Student [ ] Staff [ ] Other			
Name:	[ ] Student [ ] Staff [ ] Other			
Description of the alleged bullying incident(s), including date(s), times(s), locations(s), methods (e.g., physical, verbal, written, electronic/social media, psychological, social, images or items displayed or worn, etc.), how often the incident(s) occurred, whether an imbalance of power exists between the target and the perpetrator/the relationships of the involved individuals, and whether the alleged bullying was based on any protected category under federal or state law or school board policy (use reverse side and/or additional pages if needed):				

<del></del>	
<del></del>	
Did the Complainant allege that the student(s) were the targets of the alleged bullying any of the following way(s)? (Check all that apply.)	g in
[ ] Electronic devices (e.g., internet, Social media platforms, text, email, cyber-bullying, etc.)	
[ ] Written communication (e.g., email, handwritten notes, other written documents etc.)	<b>;</b> ,
[ ] Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)	

[] etc.)	Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs,			
[]	Social (e.g., purposeful exclusion, causing psychological harm, etc.)			
[]	Items depicting implied hatred or prejudice worn, possessed, or displayed			
[]	Other (please explain):			
follo	the Complainant allege that the alleged bullying incident(s) was based on any of twing characteristics? (Check all that apply; if yes, refer to the appropriate policy acedure addressing nondiscrimination/equal opportunity or sexual harassment under IX.)	and		
[ ] A [ ] P [ ] G [ ] A char [ ] C Evid scho	Religion [ ] Sex [ ] Ancestry	-,		
——	e there been any prior incidents of bullying (alleged or substantiated) involving an	ıy		

or all of the involved individuals?	
Additional school staff, if any, involved in invest	igation:
Name:	Position:
Role in Investigation:	
Name:	Position:
Role in Investigation:	
Name:	Position:
Role in Investigation:	
III. Special Education Review	
Do any of the students involved in the alleged be education services under an IEP or a Section 5 process of being referred or evaluated for spectudent's IEP or 504 Plan and contact specific coordinator.  [ ] Yes [ ] No	504 Plan, or are any of the students in the ial education services? <i>If Yes, refer to</i>
Name: [ ] IEP [ ] 504 Plan [ ] Referral or Evaluation	_ Date of Contact:
Name: [ ] IEP       [ ] 504 Plan       [ ] Referral or Evaluation	_ Date of Contact:
Name:	_ Date of Contact: on
IV. Interim Measures	

Were any interim measures implem [ ] Yes [ ] No	ented for any of the involv	ed students?
Student Name:	School:	Grade:
Description of interim measure (e.g.	• •	
Student Name:	School:	Grade:
Description of interim measure (e.g.		
Student Name:		
Description of interim measure (e.g.		
V. Findings Summary of findings of the investigation		
did or did not constitute bullying or daccompanying policy; determine whethe involved students' education or additional pages if needed):	ether the alleged conduct	adversely affected any o

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VI. Parent/Guardian Notification		
Document notification(s) to the studer and their parents/guardians of the out information deemed appropriate by the information may be provided, based of as well as taking into consideration the written report or meetings with each some include an overview of the invest and the actions taken to address the with students and parents/guardian and school Board policy.	tcome of the investigation in the investigator and design school district policy, we circumstances of the student and the student tigation process, the fine reported incident of bull	on and any other gnated administrator. The procedures, and practice matter, in the form of a s parents/guardians, and dings of the investigation, lying. <i>Information shared</i>
Student Name:	School: _	Grade:
Parent/Guardian Contacted:		
Staff Member (name and position/title	·):	
Date(s) of Contact:		
Date(s) of Contact: Type of Contact (phone, in person, er	nail):	

Summary of information provided, discussion, and next steps:		
Student Name:	School:	Grade:
Parent/Guardian Contacted:		
Staff Member (name and position/title):		
Date(s) of Contact:		
Type of Contact (phone, in person, email):		
Summary of information provided, discussion, a		
Student Name:		
Parent/Guardian Contacted:		
Staff Member (name and position/title):		
Date(s) of Contact:		
Type of Contact (phone, in person, email):		
Summary of information provided, discussion, a	and next steps: _	
Summary of information provided, discussion, a	and next steps: _	

## VII. Recordkeeping

The bullying report, investigation checklist/documentation and evidence, written findings reports (if any), records of any responsive actions in accordance with applicable law, and any other records related to investigating the reported incident(s) of bullying and

any responsive actions will be maintained in accordance Board policy.	e with applicable law and school
Checklist and documentation submitted to):	
Date:	
Investigator Signature:	Date: