

# Bullying and/or Harassment Prevention and Intervention Incident Reporting Form

## I. Reporting

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 the reporter is: Target of the Behavior ☐ Reporter (not the target) ☐

3. Check whether the reporter is a: ☐ Student ☐ Staff Member (specify role) \_\_\_\_\_  
☐ Parent ☐ Administrator ☐ Other

Reporter's contact information/telephone number: \_\_\_\_\_

4. If student, state his/her school: \_\_\_\_\_

5. If staff member, state his/her school or work site: \_\_\_\_\_

6. Information about the incident:

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

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

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

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

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

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

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 attach additional space on back if necessary.

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

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

11. Name of Person Receiving Report: \_\_\_\_\_ Date Received: \_\_\_\_\_

## II. Investigation

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

2. Interviews:

|                                |             |             |
|--------------------------------|-------------|-------------|
| Interviewed reported aggressor | Name: _____ | Date: _____ |
| Interviewed reported target    | Name: _____ | Date: _____ |
| Interviewed witnesses          | Name: _____ | Date: _____ |
|                                | Name: _____ | Date: _____ |

3. 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      ☐ No      ☐ Unsubstantiated

Bullying  
Retaliation

Incident documented as Bullying  
Discipline referral only

2. Contacts:

|                                   |             |                             |             |
|-----------------------------------|-------------|-----------------------------|-------------|
| Target's parent/guardian          | Date: _____ | Aggressor's parent/guardian | Date: _____ |
| District Civil Rights Coordinator | Date: _____ | Law Enforcement             | Date: _____ |

3. Action Taken:

4. Describe Safety Planning:

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

Follow-up with Addressor: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Report forwarded to Principal: Date \_\_\_\_\_ Report forwarded to Superintendent: Date \_\_\_\_\_

(If principal is not the investigator)

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_