

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:

- | | | |
|---|-------------|-------------|
| <input type="checkbox"/> Interviewed reported aggressor | Name: _____ | Date: _____ |
| <input type="checkbox"/> Interviewed reported target | Name: _____ | Date: _____ |
| <input type="checkbox"/> 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

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Incident documented as Bullying |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Discipline referral only |

2. Contacts:

- | | | | |
|--|-------------|--|-------------|
| <input type="checkbox"/> Target's parent/guardian | Date: _____ | <input type="checkbox"/> Aggressor's parent/guardian | Date: _____ |
| <input type="checkbox"/> District Civil Rights Coordinator | Date: _____ | <input type="checkbox"/> 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: _____