

**BULLYING PREVENTION AND INTERVENTION
INCIDENT REPORTING FORM**

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 you are the:** **Target of the behavior** **Reporter (not the target)**

3. **Check whether you are a:** **Student** **Staff member (specify role)** _____
 Parent **Administrator** **Other (specify)** _____

Your contact information/telephone number: _____

4. **In which school did this occur:** _____ **Grade:** _____

5. **Information about the Incident:**

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

Date(s) Incident(s) Occurred: _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

6. **Witnesses (List people who saw the incident and people you told about the incident):**

Name: _____ **Student** **Staff** **Other** _____

Name: _____ **Student** **Staff** **Other** _____

Name: _____ **Student** **Staff** **Other** _____

7. **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 space on back if necessary.**

Return completed form to the School Principal

FOR ADMINISTRATIVE USE ONLY

8. **Signature of Person Filing this Report:** _____ **Date:** _____
(Note: Reports may be filed anonymously.)

9. **Form Given to:** _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____

II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____
Investigator(s): _____ Position(s): _____

2. Interviews:

Interviewed aggressor Name: _____ Date: _____
 Interviewed aggressor Name: _____ Date: _____
 Interviewed aggressor 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:

<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Bullying _____	<input type="checkbox"/> Incident documented as _____
<input type="checkbox"/> Retaliation _____	<input type="checkbox"/> Discipline Referral only _____

2. Contacts:

Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____
 School Board Office (SBO) Date: _____ Law Enforcement Date: _____

3. Action Taken:

Loss of Privileges Detention STEP 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: Date _____ Report forwarded to Superintendent: Date _____

(If principal was not the investigator)

Signature and Title: _____ Date: _____