



BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged responsible party solely on the basis of an anonymous report.

I. REPORT INFORMATION

| | |
|---|---|
| 1. Name of reporter/person filing the report | |
| 2. Check whether you are the | <input type="checkbox"/> Impacted party <input type="checkbox"/> Reporter (not the impacted party) |
| 3. Check whether you are a | <input type="checkbox"/> Student <input type="checkbox"/> Staff member (role: _____) <input type="checkbox"/> Parent <input type="checkbox"/> Administrator <input type="checkbox"/> Other: _____ |
| Contact information / telephone number | |
| 4. If student, state your school and grade | School: _____ Grade: _____ |
| 5. If staff member, state your school or work site | |

II. INFORMATION ABOUT THE INCIDENT

| | |
|--|--|
| Name of impacted party (person reportedly harmed) | |
| Name of alleged responsible party (person who reportedly engaged in the behavior) | |
| Date(s) of incident(s) | |
| Time when incident(s) occurred | |
| Location of incident(s) (be as specific as possible) | |

III. WITNESSES

List people who saw the incident or may have information about it.

| Name | Role |
|------|--|
| | <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____ |

IV. DESCRIPTION OF THE INCIDENT

Include names of people involved, what occurred, and what each person did and said, including specific words used. Attach additional pages if needed.

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FOR ADMINISTRATIVE USE ONLY

| | | | |
|---|------------|--------------|------------------|
| Signature of person filing this report | Signature: | | Date (MM/DD/YY): |
| Form given to | Name(s): | Position(s): | Date (MM/DD/YY): |
| Signature / date received | Signature: | | Date received: |

II. INVESTIGATION

| | | |
|------------------------|-------|--------------|
| Investigator(s) | Name: | Position(s): |
|------------------------|-------|--------------|

Interviews

| Interview completed | Name | Date |
|--|------|------|
| <input type="checkbox"/> Interviewed alleged responsible party | | |
| <input type="checkbox"/> Interviewed impacted party | | |
| <input type="checkbox"/> Interviewed witness(es) | | |

Prior documented incidents

| | |
|---|--|
| Any prior documented incidents by the responsible party? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, have incidents involved the impacted party or impacted party group previously? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any previous incidents with findings of bullying or retaliation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Summary of investigation

(Attach additional paper if needed.)

III. CONCLUSION FROM THE INVESTIGATION

| | |
|--|--|
| 1. Finding of bullying or retaliation | <input type="checkbox"/> Yes <input type="checkbox"/> No (send impacted party(ies) revised letters regardless of outcome of investigation) |
| Finding category | <input type="checkbox"/> Bullying <input type="checkbox"/> Retaliation <input type="checkbox"/> Incident documented as: _____ <input type="checkbox"/> Discipline referral only: _____ |

| | |
|---|--|
| 2. Contacts | <input type="checkbox"/> Impacted party's parent/guardian Date: _____ <input type="checkbox"/> Responsible party's parent/guardian Date: _____ <input type="checkbox"/> District Equity Coordinator / designee Date: _____ <input type="checkbox"/> Law enforcement Date: _____ |
| 3. Action taken | <input type="checkbox"/> Loss of privileges <input type="checkbox"/> Detention <input type="checkbox"/> Suspension <input type="checkbox"/> Community service <input type="checkbox"/> Education/Restorative Practices <input type="checkbox"/> Other: _____ |
| 4. Describe safety planning | |
| Follow-up with impacted party | Scheduled for _____ Initial/date completed: _____ |
| Follow-up with responsible party | Scheduled for _____ Initial/date completed: _____ |
| Report forwarded to principal | Date: _____ |
| Report forwarded to superintendent (if principal was not the investigator) | Date: _____ |
| Signature and title | _____ Date: _____ |