

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. **If student, state your school:** _____ **Grade:** _____
 5. **If staff member, state your school or work site:** _____

6. **Information about the Incident:**
 Name of Target(s) (of behavior): _____
 Name of Aggressor(s) (Person who engaged in the behavior): _____
 Date(s) of Incident(s): _____
 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 any additional information to this document as needed).

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

FOR ADMINISTRATIVE USE ONLY

- 10: **Form Given to:** _____ **Position:** _____ **Date:** _____
 Signature: _____



ADMINISTRATIVE INVESTIGATION

1. Investigator(s) & Position(s): _____
2. Interviews – Names & Dates of those who were interviewed:
 - Aggressor(s): _____
 - Target(s): _____
 - Witnesses: _____
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 or RETALIATION? Yes No
4. Summary of Investigation:

(Please use additional paper and attach to this document as needed)

CONCLUSIONS

1. Finding of bullying or retaliation?

If YES... Bullying or Retaliation

If NO... Incident documented as: _____

➤ Action(s) Taken (i.e. consequences, safety planning):

2. Contacts:

Target's parent/guardian Date: _____

Aggressor's parent/guardian Date: _____

Other(s) _____

3. Follow-up

Follow-up with Target (as needed): scheduled for _____ Initial and date when completed: _____

Follow-up with Aggressor (as needed): scheduled for _____ Initial and date when completed: _____

Date report forwarded to Principal (If principal was not the investigator): _____

Date report forwarded to Superintendent: _____

Signature and Title: _____ Date: _____