

BULLYING 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 grade: _____

5. If staff member, state your position: _____

6. Information about the Incident:

Name of Target (of behavior): _____

Name of Aggressor (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).

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

10: Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____

FOR ADMINISTRATIVE USE ONLY

II. INVESTIGATION

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

2. Interviews:

☐ Interviewed aggressor Name: _____ Date: _____

☐ Interviewed 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:

III. CONCLUSIONS FROM THE INVESTIGATION

1. Bullying Criteria met:

☐ Repeated

☐ Targeted/Intentional

☐ Power Imbalance

2. Finding of bullying or retaliation:

☐ YES

☐ NO

☐ Bullying

☐ Incident documented as _____

☐ Retaliation

☐ Discipline referral only _____

3. Contacts:

☐ Target's parent/guardian Date: _____ ☐ Aggressor's parent/guardian Date: _____

☐ Law Enforcement Date: _____ ☐ Other: _____ Date: _____

4. Action Taken:

☐ Loss of Privileges

☐ Counseling referral

☐ Suspension

☐ Community Service

☐ Education

☐ Other _____

5. 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 Head of School: Date _____

(If principal was not the investigator)

Signature and Title: _____ Date: _____