

Bullying Prevention and Intervention Incident Reporting Form

1. Incident Reported By/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: _____
5. If staff member, state your school or work site: _____
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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): _____
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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 _____
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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 use additional space on back if necessary.

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: _____ Date: _____
10. Form Given to: _____ Position: _____ Date: _____
- Signature: _____ Date Received: _____

Investigation

1. Investigator(s) _____ Position: _____

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:

Conclusions from the Investigation

1. Finding of bullying or retaliation:

- Yes (Please specify) Bullying or Retaliation
- No..... Incident documented as _____
- Discipline referral only _____

2. Contacts:

- Target's Parent/Guardian (Name) Date: _____
- Aggressor's Parent/Guardian (Name) Date: _____
- Guidance Counselor (Name) Date: _____
- Guidance Counselor (Name) Date: _____
- Guidance Counselor (Name) Date: _____
- Law Enforcement/Resource Officer 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 Date _____ Initial & date when completed _____
Follow-up with Aggressor: scheduled for Date _____ Initial & date when completed _____

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

Signature and Title: _____ Date: _____