BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Reporter/Person Filing the 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 (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 Assistant Director at student’s group home residence
   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 use additional space on back if necessary.
FOR ADMINISTRATIVE USE ONLY

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

10: Form Given to: __________________________________ Position: ______________________ Date: __________
   Signature: ___________________________________________ Date Received: ______________

II. INVESTIGATION

1. Investigator(s):___________________________________________________ Position(s):________________________

2. Interviews:
   □ Interviewed aggressor Name: ________________________________ Date: ______________
   □ Interviewed target Name: ________________________________ Date: ______________
   □ Interviewed witnesses 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:

☐ YES  ☐ NO
☐ Bullying  ☐ Incident documented as ___________________________
☐ Retaliation  ☐ Discipline referral only ___________________________

2. Contacts:

☐ Target’s parent/guardian  Date: ______________
☐ Aggressor’s parent/guardian  Date: ______________
☐ District Equity Coordinator (DEC)  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: ______________