Bullying Prevention and Intervention Incident Report Form

1. Name of Reporter/Person Filing the Report:
   
   (N.B. Reports may be filed anonymously: 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 □ Parent □ Administrator □ Other
   If other, please describe: ______________________________________________________

4. Your contact information/telephone number ______________________________________________

5. If student, state your school ________________________________ Grade: __________

6. If staff member, state your school or worksite: ______________________________________________

7. Information about the incident:
   Name of Target (of behavior):____________________________________________________________
   
   Name of Aggressor:
   ______________________________________________________
   
   Dates of incident(s):____________________________________________________________________
   
   Time when incident(s) occurred: _________________________________________________________

8. Witnesses (List people who saw the incident or have information about it):
   
   Name: ________________________________ StudentStaffOther___________
   Name: ________________________________ StudentStaffOther___________
   Name: ________________________________ StudentStaffOther___________

9. Describe the details of the incident (Please include the names of people involved, what occurred, and what each person did and said, including specific words used). *Please use additional paper if necessary.*
10. Signature of person filing this report: ________________________________ Date: ____________
    (N.B. Reports may be filed anonymously).

11. Form Given to: _____________________________ Position: __________________ Date ____________

    Signature: __________________________________________________ Date Received: ______________

II: INVESTIGATION

1. Investigator(s) and Post(s)  Investigator________________________ Post________________________
    Investigator________________________ Post________________________
    Investigator________________________ Post________________________
    Investigator________________________ Post________________________

2. Interviews:

   Interviewed Aggressor: □ Yes □ No Name: __________________________ Date: __________
   Interviewed Target: □ Yes □ No Name: __________________________ Date: __________
   Interviewed Witnesses: □ Yes □ No 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 finding of BULLYING RETALITATION? □ 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: __________
   - Student Services Coordinator       Date: __________
   - Law Enforcement        Date: __________

3. Action Taken:
   - □ Loss of Privileges
   - □ Detention
   - □ Warning
   - □ Suspension (I.S/O.S)
   - □ Mandate Counseling
   - □ Education
   - □ Other: __________________________________________________________

4. Describe Safety Planning:

____________________________________________________________________

Follow up with target scheduled for ________________ Initial and date when completed: ________________
   (Date)

Follow up with aggressor scheduled for ________________ Initial and date when completed: ________________
   (Date)

Report forwarded to Principal on ________________
   (Month/Day/Year)

(Principal’s Signature)

Report forwarded to Executive Director on ________________
   (Month/Day/Year)

(Executive Director’s Signature)

Signature and Title: ____________________________ Date: ________________