

# BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

All educators, administrators, staff and students share responsibility for monitoring and reporting incidents of bullying/intimidation within the school community.

Bullying is defined as the victimization, intimidation or mistreatment by others in the school community, based on unequal physical, psychological or social power or perceived power. Bullying does include cyber-bullying and may constitute a crime. Bullying includes behaviors that can cause physical and/or emotional harm, are unwelcome, intentional, and usually repeated. Bullying can be verbal, physical, direct (face-to-face) and/or indirect (e.g. through another person, in writing, etc.). Bullying generally involves a pattern of conduct that is directed at another person, rather than a single, isolated incident. Bullying does not include elements of bias (as defined under: Harassment).

## I. REPORT

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 (of behavior):** \_\_\_\_\_

**Name of Aggressor (Person who engaged in the behavior):** \_\_\_\_\_

**Date(s) of Incident(s):** \_\_\_\_\_

**Time When Incident(s) Occurred:** \_\_\_\_\_

**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: \_\_\_\_\_

Where did the incident occur? (check all that apply)	What happened during the incident? (check all that apply)		Did a physical injury result from this incident? (check one)
<input type="checkbox"/> School Bus/Stop <input type="checkbox"/> To/From School <input type="checkbox"/> Text/hone/internet/Social Media <input type="checkbox"/> School sponsored activity <input type="checkbox"/> Event off school property <input type="checkbox"/> School Grounds <input type="checkbox"/> Other: _____	<input type="checkbox"/> Taunting <input type="checkbox"/> Threat <input type="checkbox"/> Intimidation <input type="checkbox"/> Stalking <input type="checkbox"/> Theft <input type="checkbox"/> Other	<input type="checkbox"/> Retaliation <input type="checkbox"/> Humiliation <input type="checkbox"/> Exclusion <input type="checkbox"/> Physical Contact <input type="checkbox"/> Cyber-bullying	<input type="checkbox"/> No <input type="checkbox"/> Yes, medical attention required <input type="checkbox"/> Yes, medical attention NOT required <hr/> Student absent from school as a result of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of days absent: _____

**Describe additional 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.**

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**Form Given To:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**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:**

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

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FOR ADMINISTRATIVE USE ONLY

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**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       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: \_\_\_\_\_