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: ________________

<table>
<thead>
<tr>
<th>Where did the incident occur? (check all that apply)</th>
<th>What happened during the incident? (check all that apply)</th>
<th>Did a physical injury result from this incident? (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ School Bus/Stop</td>
<td>☐ Taunting</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ To/From School</td>
<td>☐ Threat</td>
<td>☐ Yes, medical attention required</td>
</tr>
<tr>
<td>☐ Text/hone/internet/Social Media</td>
<td>☐ Intimidation</td>
<td>☐ Yes, medical attention NOT required</td>
</tr>
<tr>
<td>☐ School sponsored activity</td>
<td>☐ Stalking</td>
<td></td>
</tr>
<tr>
<td>☐ Event off school property</td>
<td>☐ Theft</td>
<td></td>
</tr>
<tr>
<td>☐ School Grounds</td>
<td>☐ Other</td>
<td></td>
</tr>
<tr>
<td>☐ Other: ________________</td>
<td>☐ Physical Contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Cyber-bullying</td>
<td></td>
</tr>
</tbody>
</table>

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.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Form Given To: _________________________________  Position: _________________________________

Date: __________________________________    Signature: _________________________________
FOR ADMINISTRATIVE USE ONLY

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

(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 ☐ 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: _______________