



BULLYING/HARASSMENT REPORT

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 based on an anonymous report.)

Check whether you are the Target of the behavior

- Reporter (not the target)
- Student Staff member (specify role)
- Parent Administrator Other (specify)

Your contact information/telephone number: _____

If student, state your school: _____

Grade: _____

If staff member, state your school or work site: _____

Information about the Incident:

Name of Target(s) (or behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

(Please note: *Complete one report for each aggressor)

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

Provide a detailed description of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Attach additional information or documentation if necessary. _____

Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other
Name: _____ Student Staff Other
Name: _____ Student Staff Other

FOR ADMINISTRATIVE USE ONLY

Signature of Person Filing this Report:

(Note: Reports may be filed anonymously.)

Form given to: _____ Date: _____

Method of delivery: In-hand Secretary Mailbox Sent Electronically Other:

Recipient's Signature: _____ Date Received: _____

*Recipient must inform Executive Director or designee of this report upon receipt

INVESTIGATION

Investigator(s): (Assigned by Executive Director or designee)

Position(s): _____

Interviewed target name(s): _____ Date: _____

Interviewed aggressor name(s): _____ Date: _____

Interviewed witness name(s): _____ Date: _____

Any prior documented incidents by the aggressor? Yes No

If yes, have incidents involved target or target group previously? Yes No

Any previous findings of BULLYING and/or RETALIATION? Yes No

Any prior documented incidents involving the target? Yes No

If yes, were previous incidents confirmed as BULLYING and/or RETALIATION? Yes No

Are the students involved in the incident designated as special needs?

- a. Target Yes No
- b. Aggressor 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
2. Classification of action taken: BULLYING RETALIATION
3. OTHER:
4. Contacts:

Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____

School staff/position Date: _____ Law Enforcement Date: _____

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: _____

Date report forwarded to Principal or designee: _____

Date report forwarded to Superintendent or designee: _____

If Principal or designee was not the investigator Signature, title, and date
