

**BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM  
Part I – Information**

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 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:** \_\_\_\_\_  **Parent**     **Staff**     **Other**

**Name:** \_\_\_\_\_  **Parent**     **Staff**     **Other**

**Name:** \_\_\_\_\_  **Parent**     **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 attach additional sheet if necessary.**

**FOR ADMINISTRATIVE USE ONLY**

9. **Signature of Person Filing this Report:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Note: Reports may be made anonymously.)*

10. **Form Given to:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Part II – Investigation**

1. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_
2. Interviews:
- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Interviewed aggressor | Name: | Date: |
| <input type="checkbox"/> Interviewed target    | Name: | Date: |
| <input type="checkbox"/> Interviewed witnesses | Name: | Date: |
|  | Name: | Date: |
3. Any prior documented incidents by the aggressor?  Yes  No
4. If yes, have incidents involved target or target group previously?  Yes  No
5. Any previous incidents with findings of BULLYING, RETALIATION?  Yes  No

Summary of Investigation:

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

**Part III – Conclusions from the Investigation**

1. Finding of bullying or retaliation:
- |  |   |
|--|---|
| <input type="checkbox"/> Yes <i>(please check one below)</i> | <input type="checkbox"/> No <i>(please check one below)</i> |
| <input type="checkbox"/> Bullying                            | <input type="checkbox"/> Incident documented as             |
| <input type="checkbox"/> Retaliation                         | <input type="checkbox"/> Discipline referral only           |
2. Contacts:
- |  |  |
|--|--|
| <input type="checkbox"/> Target's parent/guardian Date:          | <input type="checkbox"/> Aggressor's parent/guardian Date: |
| <input type="checkbox"/> District Equity Coordinator (DEC) Date: | <input type="checkbox"/> Law Enforcement Date:             |
3. Action Taken:
- |   |                                    |  |                                |
|---|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Detention | <input type="checkbox"/> Suspension      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community Service  | <input type="checkbox"/> Referral  | <input type="checkbox"/> Saturday School |                                |
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:

Date Report forwarded to Superintendent:

Signature and Title:

Date: