



BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

INCIDENT

Reported By: _____

Date: _____

TARGET OF BEHAVIOR REPORTER BOTH

STUDENT _____ program _____ phone

STAFF _____ program _____ phone

PARENT _____ address _____ phone

OTHER _____
please specify

Name of TARGET: _____

Name of AGRESSOR(S): _____

INCIDENT DATE(S) & TIME(S): _____

LOCATION INCIDENT OCCURRED: _____

WITNESS(ES)

Name: _____ STUDENT STAFF OTHER

Name: _____ STUDENT STAFF OTHER

Name: _____ STUDENT STAFF OTHER

Inappropriate Behavior Identified As: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> name calling | <input type="checkbox"/> spitting |
| <input type="checkbox"/> stalking | <input type="checkbox"/> demeaning comments |
| <input type="checkbox"/> inappropriate gesturing | <input type="checkbox"/> stealing |
| <input type="checkbox"/> staring/leering | <input type="checkbox"/> damaging property |
| <input type="checkbox"/> writing/graffiti | <input type="checkbox"/> shoving/pushing |
| <input type="checkbox"/> threatening | <input type="checkbox"/> hitting/kicking |
| <input type="checkbox"/> taunting/ridiculing | <input type="checkbox"/> flashing a weapon |
| <input type="checkbox"/> inappropriate touching | <input type="checkbox"/> intimidation/extortion |
| <input type="checkbox"/> other _____ | |

please specify

Detailed Description of Incident, including names, specific words, actions: (attach additional sheet if necessary)

Physical Evidence: graffiti notes
 internet video/audio recording
 e-mail other _____
please specify

Initial Report Submitted to: _____ Position: _____

Signature _____ Date: _____

Signature of REPORTER: _____ Date: _____

INVESTIGATION (Administrative Use Only)

Investigation Began: _____ Must Conclude in 10 Days _____

Investigator(s): _____ Position: _____

Investigator(s): _____ Position: _____

INTERVIEWS:

Aggressor Name: _____ Date: _____

Target Name: _____ Date: _____

Witness Name: _____ Date: _____

Any prior documented incidents involving this Aggressor? YES NO
If YES, was the same Target involved? YES NO
Any prior Conclusion/Finding of Bullying or Retaliation involving this agressor? YES NO

Summary of Investigation: (attach additional sheet if necessary) Date Concluded: _____

CONCLUSION

Finding of Bullying?

YES NO

Finding of Retaliation?

YES NO

Incident Documented As: _____

Discipline Referral Only

NOTIFICATIONS:

Target's Parent

Date: _____

Aggressor's Parent

Date: _____

District Equity Coordinator

Date: _____

Law Enforcement

Date: _____

ACTION TAKEN:

Loss of Privileges

Community Service

Detention

Education

Suspension

other _____
please specify

Describe Safety Planning:

Program Supervisor Receipt of Final Report:

Signature

Date

Executive Director Receipt of Final Report:

Signature

Date

MONITORING AND FOLLOW UP

FollowUp with Target Scheduled for: _____

Date Completed _____

FollowUp with Aggressor Scheduled: _____

Date Completed _____

Dates of Monitoring Meetings: Program Supervisor must follow up with Complainant weekly for two months

Wk 1 _____

Wk 2 _____

Wk 3 _____

Wk 4 _____

Wk 5 _____

Wk 6 _____

Wk 7 _____

Wk 8 _____

Summary of Follow Up: