

BULLYING/HARASSMENT PREVENTION AND INTERVENTION INCIDENT REPORT FORM

SCHOOL:

NAME OF PERSON PREPARING REPORT:

Check whether you are the: Target of the behavior Reporter (not the target)

Check whether you are a: Student-Grade____ Staff member (specify role)_____
 Parent Administrator Other (specify)_____

I. **INFORMATION ABOUT INCIDENT:** DATE OF INCIDENT: _____ TIME OF INCIDENT _____

List who did the bullying/harassment Grade

•

List who received threats/bullying/harassment Grade

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List Name(s) of witness(es) Grade

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Indicate the type(s) of threatening/bullying behavior

<input type="checkbox"/>	Physical (hitting, pushing, poking, kicking, spitting, etc.)
<input type="checkbox"/>	Social/Emotional (taunting, mocking, spreading rumors, peer isolation, name calling etc.)
<input type="checkbox"/>	Verbal Threats of Aggression (inflicting harm, revealing personal information, etc.)
<input type="checkbox"/>	Cyber (email, Facebook, blogs, text messaging, cell phone, etc.)
<input type="checkbox"/>	Racial (racial or ethnic slurs, jokes, exclusion, etc.)
<input type="checkbox"/>	Sexual (jokes, verbal innuendos, public embarrassment, labeling, etc.)
<input type="checkbox"/>	Property (theft, graffiti, defacing or destruction of clothing or personal items, etc.)
<input type="checkbox"/>	Other:

Using the space below and/or on an additional attached sheet, describe in succinct, objective terms the event and/or behavior. Include the place, time, actions/reaction, and specific language of the incident, and copies written or electronic messages.

I certify that the above incident(s) are true and reflect to the best of my knowledge and recall an accurate and factual statement of the event(s). Please give completed form to the Assistant Principal, Student Services.

Signature of Person Filing Report: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Name of person receiving report

Position _____

Date: _____

Signature of person receiving report

II. NOTIFICATIONS:

PARENT/ GUARDIAN:

Victim parent/guardian:

- Name: _____ Date: _____ Comment: _____

Accused parent/guardian:

Date

Comment

- Name: _____ Date: _____ Comment: _____

Witness parent/guardian:

Date

Comment

- Name: _____ Date: _____ Comment: _____

OTHER PERSONS NOTIFIED:

- Name: _____ Date: _____ Comment: _____

III. INVESTIGATION

Investigator: _____ Position: _____

Interviews:

Interviewed aggressor:

- Name: _____ Grade: _____ Date: _____

Interview victim:

- Name: _____ Grade: _____ Date: _____

Interview witness/es:

- Name: _____ Grade: _____ Date: _____

Summary of Investigation:

IV. CONCLUSIONS FROM THE INVESTIGATION

Finding of Bullying Yes No Date: _____

Action Taken:

Principal Signature _____ Date _____