

Today's Date: _____

Date of Incident: _____

Investigator: _____

School: _____

1. Referral Source (Specify and attach copy):

- Bullying/Harassment Report Form Discipline Referral Email or Letter Other _____

2. Name of person who filed report: _____ Anonymous report

FACTS

3. Name(s) of victim(s):

4. Name(s) of offender(s):

5. Name(s) of witness(es):

6. What happened? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal or physical taunts | <input type="checkbox"/> Exclusion or rejection | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Rude or threatening gestures | <input type="checkbox"/> Intimidation or threats | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Physical injury | <input type="checkbox"/> Racial comments | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Hurtful rumors | <input type="checkbox"/> Cyber-bullying (written, pictures) | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Damage or theft of personal items | <input type="checkbox"/> Gang related | <input type="checkbox"/> Pictures |

Additional information: _____

7. Where did the incident happen? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Class | <input type="checkbox"/> Parking lot or other outside area |
| <input type="checkbox"/> Restroom | <input type="checkbox"/> Locker room | <input type="checkbox"/> Online (phone/internet) |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus lot | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer lab | <input type="checkbox"/> Bus stop | |
| <input type="checkbox"/> Band/Chorus room | <input type="checkbox"/> Bus | |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Athletic field/track | |

Additional information: _____

IMPACT

8. What happened as a result of the incident? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Physical Injury | <input type="checkbox"/> Absence from school Number of days _____ |
| <input type="checkbox"/> Tardy to school or class | <input type="checkbox"/> Social/Emotional impact: (specific) _____ |
| <input type="checkbox"/> Disruption of school environment | _____ |

9. Was a bully/harassment report filed? Yes No

Who has the victim told about the incident? (Check all that apply)

- Staff Parent Friends Other

CONTEXT

10. Repeat Bullying/Harassment victim? Yes No If yes, how may times this year? _____

11. Repeat offender? Yes No If yes, how may times this year? _____

12. Why did the bullying/harassment occur? (Alleged motives) (Choose all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Academic status | <input type="checkbox"/> Association with person who has/is perceived to have one of the 12 listed characteristics |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender identity | <input type="checkbox"/> Reason unknown |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Physical appearance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Mental, physical, developmental, or sensory disability | |
| <input type="checkbox"/> Gender | | |
| <input type="checkbox"/> Socioeconomic status | | |

Additional information: _____

ACTION/GROWTH (Choose all that apply)

13. What actions were taken to investigate this incident? (Choose all that apply)

Interviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Student victim | <input type="checkbox"/> Obtained witness statements in writing | <input type="checkbox"/> Obtained copy of police report |
| <input type="checkbox"/> Alleged offenders | <input type="checkbox"/> Obtained computer-based evidence | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Witnesses | <input type="checkbox"/> Reviewed security video | _____ |
| <input type="checkbox"/> Staff _____ | <input type="checkbox"/> Reviewed physical evidence | _____ |
| <input type="checkbox"/> Victim's parent/guardian | <input type="checkbox"/> Completed student record review | |
| <input type="checkbox"/> Alleged offender's parent/guardian | | |

14. What corrective actions were taken in this case? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> None required, not bullying/harassment | <input type="checkbox"/> In-school suspension # of days _____ |
| <input type="checkbox"/> Student conference | <input type="checkbox"/> Out-of-school suspension # of days _____ |
| <input type="checkbox"/> Student warning | <input type="checkbox"/> Referral to school nurse |
| <input type="checkbox"/> Social skills training <input type="checkbox"/> victim <input type="checkbox"/> offender | <input type="checkbox"/> Referral to SRO |
| <input type="checkbox"/> Classroom intervention (specify) _____ | <input type="checkbox"/> Restitution for property damage |
| _____ | <input type="checkbox"/> Parent phone call <input type="checkbox"/> victim date: _____ |
| <input type="checkbox"/> Restorative consequence (specify) _____ | <input type="checkbox"/> offender date: _____ |
| _____ | <input type="checkbox"/> Parent conference <input type="checkbox"/> victim date _____ |
| <input type="checkbox"/> Counseling referral <input type="checkbox"/> victim <input type="checkbox"/> offender | <input type="checkbox"/> offender date _____ |
| <input type="checkbox"/> Detention <input type="checkbox"/> lunch <input type="checkbox"/> after school | <input type="checkbox"/> Parent letter <input type="checkbox"/> victim date _____ |
| | <input type="checkbox"/> offender date _____ |

RESULTS OF INVESTIGATION (Choose all that apply)

15. Did Bullying/harassment occur?

Yes

Entered incident in NCWISE (Code: Bullying, Verbal harassment, or Sexual harassment)

No

Inconclusive (will monitor situation)

Other (specify) _____

16. Signature of Investigator: _____ **Date:** _____

17. Attach additional notes if needed. File in student discipline folders for all involved parties.
Make copies as needed.