BULLYING PREVENTION AND INTERVENTION REPORTING FORM
(Please return to school principal or school office)

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(s)(Person(s) who engaged in the 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: _____ Student   Staff   Other _____

   Name: _____ Student   Staff   Other _____

   Name: _____ Student   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 use additional space on back if necessary.

9. Signature of Person Filing this Report _____ **Date:** _____
   (Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

10: Form Given to: _____ **Position:** _____ **Date:** _____

   Signature: _____ **Date Received:** _____

II. INVESTIGATION

1. Investigator(s): _____ **Position(S):** _____

2. Interviews:

   □ **Aggressor**   **Name:** _____ **Date:** _____

   □ **Target**   **Name:** _____ **Date:** _____

   □ **Witnesses**   **Name:** _____ **Date:** _____

                  Name: _____ **Date:** _____

3. Any prior documented Incidents by the aggressor?   □ Yes   □ No

        If yes, have incidents involved target or target group previously?   □ Yes   □ No
        Any previous incidents with findings of BULLYING, RETALIATION   □ 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**

□ **Bullying**   □ **Incident documented as** _____

□ **Retaliation**   □ **Discipline referral only** _____

2. Contacts:

□ **Target's parent/guardian**   **Date:**_____

□ **Aggressor(s) parent/guardian**   **Date:**_____

□ **Law Enforcement**   **Date:**_____

3. Action Taken:

□ **Loss of Privileges**   □ **Detention**   □ **Suspension**

□ **Community Service**   □ **Education**   □ **Other** _____

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:** _____

Report forwarded to Principal: Date_____**Report forwarded to Superintendent: Date**_____
(If principal was not the investigator)

Signature and Title:_____**Date:** _____