

# FLLAC EDUCATIONAL COLLABORATIVE

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## Incident Report Form: Bullying and Harassment

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 GRADE \_\_\_\_\_

### 5. INFORMATION ABOUT THE INCIDENT

Name of Target of behavior \_\_\_\_\_

Name of Aggressor (Person who engaged in the behavior) \_\_\_\_\_

Date(s) of Incident(s) \_\_\_\_\_

Time When Incident(s) Occurred \_\_\_\_\_

Location of Incident(s) (Be as specific as possible) \_\_\_\_\_

### 6. WITNESSES

List the people who saw the incident; or have information about it.

Please check the appropriate box.

Name

_____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other	_____	Name
_____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other	_____	Name
_____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other	_____	Name

### 7. 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 paper and attach to this document as needed)

### 8. SIGNATURE OF PERSON FILING THIS REPORT

\_\_\_\_\_ Date \_\_\_\_\_

(Note: Reports may be filed anonymously.)

FORM GIVEN TO \_\_\_\_\_

POSITION \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

See FLLAC Bullying Plan for reporting procedures

**Bullying Investigation Form**

**FOR ADMINISTRATIVE USE ONLY**

**INVESTIGATION**

1.

Investigator(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

Investigator(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

Investigator(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

**2. INTERVIEWS**

Interviewed aggressor Name \_\_\_\_\_ Date \_\_\_\_\_

Interviewed target Name \_\_\_\_\_ Date \_\_\_\_\_

Interviewed 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)