



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 _____

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)