

# BULLYING /CYBERBULLYING INCIDENT REPORTING FORM

**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 OR \_\_\_Reporter (not the target)**

**3. Check whether you are a:**

\_\_\_ Student OR \_\_\_ Staff member (specify role) \_\_\_\_\_

\_\_\_ Parent OR \_\_\_ Administrator Other (specify) \_\_\_\_\_

Your contact information/telephone

number: \_\_\_\_\_

**4. If a student, identify 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 (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):

\_\_\_\_\_

**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. If emailing this document, please describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words**

used immediately after this section. If printing and mailing or dropping off at the school, please respond on the back side of this sheet.)

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report::

\_\_\_\_\_ Date: \_\_\_\_\_

(Note: Reports may be filed anonymously.)

10: Form Given to: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

II. INVESTIGATION

1. Investigator(s): \_\_\_\_\_

Position(s): \_\_\_\_\_

2. Interviews:

Interviewed aggressor(s):

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)

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: \_\_\_\_\_

District Equity Coordinator (DEC)

Date: \_\_\_\_\_

Law Enforcement \_\_\_\_\_ Date: \_\_\_\_\_

**3. Action Taken:**

Loss of Privileges  Detention  Rtl referral  Suspension

Education  Other \_\_\_\_\_

**4. Describe Safety Planning:**

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**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** \_\_\_\_\_

**Signature and Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_