

BULLYING REPORT AND INCIDENT FORM

CONFIDENTIAL

Bullying, defined as any pattern or verbal expression, physical act or gesture that is intended to cause or is perceived as causing distress, by either an individual student or a group of students, is expressly prohibited and will not be tolerated. This includes the misuse of technology for the same purpose. This form is to be used to report alleged incidents of bullying. Please complete all sections of the form and return to the Building Principal/Supervisor. Please print.

Today's Date:		School:	
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Person Reporting Incident						
Name:		Phone:		Email:		
Place an X in the appropriate box: <input type="checkbox"/> Student <input type="checkbox"/> Student (witness/bystander) <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Close Adult Relative <input type="checkbox"/> School Staff						
Date(s) incident(s) occurred: _____ _____ _____ (mm/dd/yy) (mm/dd/yy) (mm/dd/yy)						
Name of Victim(s):					Age:	
Name(s) of alleged offender(s) (if known)	Age	School (if known)		Is he/she a student?		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Bullying (X all that apply)						
<input type="checkbox"/> Name calling/offensive remarks <input type="checkbox"/> Exclusion <input type="checkbox"/> Hit, kicked, punched <input type="checkbox"/> Told lies or false rumors <input type="checkbox"/> Threatened <input type="checkbox"/> Electronic communications <input type="checkbox"/> Racial Comments <input type="checkbox"/> Sexual comments <input type="checkbox"/> Took/damaged possessions (please explain below): <input type="checkbox"/> In-School <input type="checkbox"/> Out-of-School						
Other/Explanation:						
Where did the bullying happen? (X all that apply)						
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> In class with teacher	<input type="checkbox"/> In class without teacher	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Line-up areas	
<input type="checkbox"/> To/from school	<input type="checkbox"/> Bus stop	<input type="checkbox"/> Bus	<input type="checkbox"/> Out-of-School	<input type="checkbox"/> Field	<input type="checkbox"/> Playground	
Other/Explanation:						
People the victim has spoken to about the bullying incident (X all that apply)						
<input type="checkbox"/> Teacher <input type="checkbox"/> Other adult at school <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Close adult relative						
What did the alleged offender(s) say or do?						
Did a physical injury result from this incident?						
<input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention (please explain below)						
Medical attention required:						
Was the student victim absent from school as a result of the incident?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how many days was the student victim absent from school as a result of the incident?						
Is there any additional information you would like to provide?						

Please Note: This form is an internal document used by administrators to investigate reports of bullying. As such, it is not maintained in student cumulative fields and is not considered a student record. Should a student receive discipline as a result of this report, a separate student discipline form will be completed and entered into the student's file for the period of time prescribed by law. The District is not authorized to disclose private educational information or personal data of an alleged perpetrator who is a student or employee of the District to either the victim or victim's family. However, the District will notify and share information with the parent or guardian of each student involved in a reported bullying incident to the extent permissible by law.

Signature: _____ Date: _____

INVESTIGATION REPORT

Investigated by:		Date:	
Position:			
Final Report of Investigation of bullying complaint by			
against		, alleged offender.	
In my/our investigation of the complaint, it is found (check appropriate response):			
<input type="checkbox"/> Found grounds to substantiate the allegations <input type="checkbox"/> Did not find grounds to substantiate the allegations <input type="checkbox"/> Did not find enough information to make a judgment on the allegations			
Summary of investigation, findings, and disciplinary action:			
Parent/Guardian of Victim contacted:	<input type="checkbox"/> Yes	Date: _____ (mm/dd/yy)	<input type="checkbox"/> No
Parent/Guardian of Offender contacted:	<input type="checkbox"/> Yes	Date: _____ (mm/dd/yy)	<input type="checkbox"/> No

Signature of Investigator: _____ Date: _____

Signature of Principal: _____ Date: _____
(If not Investigator)

Supports offered to victim: _____

Safety Plan Developed? Yes No Date: _____