

## BULLYING PREVENTION/INTERVENTION INCIDENT REPORTING FORM

### REPORT

1. Name of Reporter/Person Filing Report: \_\_\_\_\_  
*Please 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. Are you the:  Target of the behavior  Reporter (not the target)

3. Are you a:  Student  Staff member (specify position) \_\_\_\_\_  
 Parent  Administrator  Other (specify) \_\_\_\_\_

Your contact information: Phone \_\_\_\_\_ Email \_\_\_\_\_

4. If you are a student, what school? \_\_\_\_\_ Grade: \_\_\_\_\_

5. If you are a staff member, list school or work site \_\_\_\_\_

6. Information about the incident:

Name of target of the behavior: \_\_\_\_\_

Name of aggressor (person who engaged in the behavior): \_\_\_\_\_

Date(s) of incident(s): \_\_\_\_\_ Time: \_\_\_\_\_

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. Include names of people involved, what occurred, and what each person did and said. Include specific words used. Please use additional paper if necessary.

9. Signature of person filing this report: \_\_\_\_\_ Date \_\_\_\_\_  
*Note: Reports may be filed anonymously)*

### FOR ADMINISTRATIVE USE ONLY

Form given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date \_\_\_\_\_

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

## BULLYING PREVENTION/INTERVENTION INCIDENT REPORTING FORM

### INVESTIGATION

1. Investigator(s): \_\_\_\_\_
2. Interviews:
  - Aggressor      Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_
  - Target            Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_
  - Witness           Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_
  - Witness           Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_
  - Witness           Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_
3. Any prior documented incidents by aggressor?       Yes  No  
If yes, have incidents involved this target or target group?       Yes  No
4. Any previous incidents with findings of bullying or retaliation?       Yes  No  
Summary of investigation: (please use additional paper and attach to this document as needed)

---

### CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation?       Bullying       Retaliation       No such findings
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/date when completed \_\_\_\_\_  
Follow-up with aggressor scheduled for: \_\_\_\_\_ Initial/date when completed \_\_\_\_\_

---

Report forwarded to principal: (if principal was not the investigator)      Date \_\_\_\_\_  
Report forwarded to superintendent:      Date \_\_\_\_\_  
Signature and title: \_\_\_\_\_      Date \_\_\_\_\_