APPENDIX A
SAMPLE BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Reporter/Person Filing the Report: This line may be left blank if an anonymous report is being made
(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 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. 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 space on back if necessary.

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: __________________________ Date: __________
(Note: Reports may be filed anonymously.)

10. Form Given to: __________________________ Position: __________________________ Date: _______
APPENDIX A

Signature: ______________________________________________________ Date Received: __________________

II. INVESTIGATION

1. 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)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:
   - [ ] YES [ ] NO
     - Bullying
     - Retaliation

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 [ ] STEP referral [ ] Suspension
   - [ ] Community Service [ ] Education [ ] Other _____________________________

4. Describe Safety Planning: ________________________________________________________________
   - 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 __________________
   (If principal was not the investigator)

Report forwarded to Superintendent: Date __________________

Signature and Title: __________________________________________________________ Date: ________________