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: __________

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 □ Discipline referral only
   □ 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 __________________ Report forwarded to Superintendent: Date __________
(If principal was not the investigator)

Signature and Title: ______________________________________________________ Date: ___________