

Appendix A: Initial Bullying Report Form

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Reporter/Person Filling 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 _____ Reporter (not the target) _____

3. Check whether you are a: _____ Student _____ Staff member (specify role) _____
_____ Parent _____ Administrator _____ Other

Your contact information/telephone number: _____

4. If student, state your school: _____ Grade: _____

5. If state 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 Incidents(s): _____

Time When Incidents(s) Occurred: _____

Location of Incidents(s)(Be as specific as possible): _____

Witnesses (List people who saw the incident or have information about it):

Name: _____ Student _____ Staff _____ Other

Name: _____ Student _____ Staff _____ Other

Name: _____ Student _____ Staff _____ Other

Describe the details of the Incident (Including names of people involved, what occurred, and what each person said, including specific words used) Please use additional space on back if necessary.

FOR ADMINISTRATIVE USE ONLY

Signature of Person Filling Out this Report: _____ Date: _____
(Note: Reports may be filed anonymously.)

Appendix B: Student Bullying Incident Report

STUDENT INITIAL BULLYING REPORT FORM

Date:	Time:	Reporting Person:
Name(s) of target(s)	Name(s) of student(s) bullying	Name(s) of witnesses/bystanders
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Bullying (check all that apply)

Name calling Excluded Physical contact Spreading rumors Threatening
 Discriminatory Expressions Inappropriate expressions Took/damaged possessions
 Cyber Texting Retaliation

Other (explain)

Where did the bullying take place: (check all that apply)

Field/playground Hallway In class with Teacher In class without Teacher
 Bus stop Bus Locker room Bathroom Line-up area Cafeteria
 To/from School Out of school incident (explain)

Other:

People the Target has spoken to about the bullying incident (check and identify all that apply)

Teacher(s) Other adult at school Parent/Guardian
 Sibling(s) Friend(s)

Incident Report: (Including names of people involved, what occurred, and what each person said, including specific words used) Please use additional space on back if necessary.

For Office Use Only

Repeat Bullying Offender :	Target Parent Contact (date and time)
Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Perpetrator Parent Contact (date and time)

Appendix C: Investigation Report

BULLYING PREVENTION AND INTERVENTION INVESTIGATION REPORT

INVESTIGATION

1. Investigators(s): _____ Position(s): _____

2. Interviews:

____ Interviewed aggressor Name: _____ Date: _____

____ Interview target Name: _____ Date: _____

____ Interviewed witness Name: _____ Date: _____

Name: _____ Date: _____

3. Any prior documented incidents by the aggressor: ___ Yes ___ No

If yes, have incidents involved the target or target group previously? ___ Yes ___ No

Any previous incidents with findings of BULLYING, RETALIATION? ___ Yes ___ No

4. [] Check box if the target has been bullied or harassed due to membership in a protected class such as:
(circle or highlight as appropriate)

1. race/color,
2. national origin
1. religion
2. disability
3. gender
4. sexual orientation
5. gender identity
6. citizenship status

If this box is checked, please identify the protected class, report to the Civil Rights Coordinator and follow protocols for response.

Summary of Investigation:

(Please use additional paper and attach to this document as needed)

II. 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: _____

___ Superintendent Date: _____

___ Law Enforcement Date: _____ By _____

3. Action Taken:

___ Think About It Sheet ___ Letter of Apology to Target

___ Loss of Privileges (specify) _____

___ Detention (specify duration) _____

___ Suspension ___ Community Service ___ Education ___ Other

4. Describe Safety Planning: _____

Follow-up with Target: schedule for: _____ Initial/Date when complete _____

Follow-up with Aggressor: scheduled for: _____ Initial/Date when complete _____

Report forward to Principal: Date _____
(if principal was not the investigator)

Report forwarded to Superintendent: Date: _____

Signature and Title: _____ Date: _____