BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Reporter Submitting 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) ☐ Social Inclusion ☐
   ☐ Parent ☐ Administrator ☐ Other (specify) _______________________

Your contact information/telephone number: ________________________________

4. If a student from another school, state your school: ________________________________ Grade: __

5. If a staff member at another school, 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.

9. Signature of Person Filing this Report: ________________________________ Date: __________

FOR ADMINISTRATIVE USE ONLY

☐ Copy given to School Director Date: __________

☐ Copy given to teacher(s) Date: __________
II. INVESTIGATION

1. Investigator(s): ____________________________

2. Position(s): ____________________________

3. Interviews:
   - Interviewed/observed aggressor  Name: __________________ Date: __________
   - Interviewed/observed target Name: __________________ Date: __________
   - Interviewed/observed witnesses Name: __________________ Date: __________
   Name: __________________ Date: __________

4. 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
   □ Bullying
   □ Retaliating

2. Contacts:
   - Target’s parent/guardian Date: __________
   - Aggressor’s parent/guardian Date: __________
   - Social Inclusion Coordinator Date: __________
   - Law Enforcement Date: __________

3. Action Taken:
   □ Loss of Privileges □ Detention
   □ Social Inclusion meeting referral □ Suspension
   □ Education □ Other ____________________________

4. Disciplinary action:
   □ Loss of privileges: __________
   □ Detention
   □ Suspension
   □ Other: ____________________________

If NO finding of bullying or retaliation:

Incident documented as:
   □ Rough play/fighting
   □ Teasing
   □ Misunderstanding
   □ Disagreement
   □ Inappropriate language
   □ Other: ____________________________

5. Describe Safety Planning:
   ___________________________________________________________________
   ___________________________________________________________________

Follow-up with Target/parent: scheduled for __________ Initial and date when completed: ______
Follow-up with Aggressor/parent: scheduled for __________ Initial and date when completed: ______

Report forwarded to School Director: Date __________ Report forwarded to teacher(s): Date __________
(If School Director was not the investigator)
Signature and Title: __________________________________________ Date: __________