### BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

#### I. INCIDENT REPORT

A.	Name of Reporter/Person Filing 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)

В.	Check whether you are the:	□ Target of behavior	□Reporter (no	ot the target)
C.	Check whether you are a:	□Student □Parent □Other (specify)	□Staff membe □Administrate	er (specify role) or
D.	Your contact information/telephone number:			
E.	If student, state your grade/phase:			
F.	If staff member, state your job title:			
G.	Information about the incident Name of Target (of beh Name of Aggressor (Pe Aggressor is:		-	er (specify role)
Н.	Date(s) of Incident(s):	Time When Incident(s) Occurred:		
	Location of Incident(s) (Be as specific as possible):			
I.	Witnesses (List people who sav Name: Name: Name:	v the incident or have in Student Student Student	formation about □Staff □Staff □Staff	t it): Other Other Other
			• • • • • • • • • • • • • • • • • •	

- J. 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.
- K. Signature of Person Filing this Report (Note: Reports may be filled anonymously): Signature: Date:

L.	Form Given to:	Position:	Date:
	Signature:	Date Received:	

#### ~~ FOR ADMINISTRATIVE USE ONLY ~~

#### II. PRELIMINARY INVESTIGATION

- M. Summary of Reported Behaviors/Actions:
- N. Interview Notes (Include date, interviewees, and interviewers):
- O. Summary of Discussion with Target, Reporter (if not target), and Alleged Aggressor:

#### P. Determination/Outcome:

- Target/Parent/Guardian does not currently wish to initiate a formal complaint.
- \* Alleged behavior(s) may represent potential bullying based on the following (Check all that apply):
  - □ May have caused physical or emotional harm to the target or damage to the target's property.
  - □ May have placed the target in reasonable fear of harm to himself or herself or of damage to his or her property.
  - $\hfill\square$  May have created a hostile environment at school for the target.
  - $\Box$  May have infringed on the rights of the target at school.
  - □ May have materially and substantially disrupted the education process or the orderly operation of a school.

Comments:

# \* If the Preliminary Assessment indicates that the alleged behavior(s) may represent bullying, a formal investigation will be launched. (Proceed to Section III)

\*\* Alleged Behavior(s) do not represent bullying based on the following (Check all that apply):

- □ Represent teasing rather than bullying.
- □ Are a result of Alleged Aggressor's cognitive, social, and/or language challenges and not intended to hurt or offend the other person.
- Are a result of Alleged Aggressor's lack of understanding or social conventions or limited experience with interpersonal relationships.

#### Comments:

# \*\* If the Preliminary Assessment does not indicate that the alleged behaviors do not represent bullying and/or retaliation, the situation will continue to be monitored, and no present action is warranted at this time.)

Q. Next Steps:

- □ Initiate formal investigation.
- Provide supports, instruction, and guidance to students involved to resolve conflicts and find more acceptable manners of interacting.
- □ Adjustment to student schedules
- $\Box$  Other:

Notes:

## **III. INVESTIGATION**

- R. Investigator(s):
- S. Interviews:

Т.

	□ Interviewed aggressor	Name:	Date:	
	$\Box$ Interviewed target	Name:	Date:	
	$\Box$ Interviewed witness	Name:	Date:	
•	Any prior documented incidents by the ag	gressor?	□Yes	□No
If yes, have incidents involved target or target group previously?			□Yes	□No
Any previous incidents with findings of Bullying or Retaliation			□Yes	□No
I	Summary of invoctigation:			

Position(s):

U. Summary of investigation:

# IV. CONCLUSION FROM INVESTIGATION

V. Finding of	bullying or retaliation:	□No	□Yes	
W. Which:		□Bullying	□Retaliation	
N. Castada				
X. Contacts:				
	□Target's parent/guardi	Date:		
	Aggressor's parent/guardian (Names):			Date:
	Law Enforcement (Names):			Date:
Y. Action Taken:				
STUD	ENT:			
	$\Box$ Loss of privileges	□Det	ention	$\Box$ Suspension (In-house)
	$\Box$ Suspension (Home)	□Con	nmunity service	Education
	□Other:			
STAFF:				
	□ Administrative Leave	□Mai	ndatory Counseling	□Drug/Alcohol Screening
	□Duty Adjustment	□Trai	ning	Termination
	$\Box$ Other:			

Z. Describe Safety Planning:

Describe:

#### Follow Up:

Follow-up with target scheduled for (date): Initial and date when completed: Follow-up with aggressor scheduled for (date: Initial and date when completed:

Report forwarded to Director of Student Life:	Date
Report forwarded to Director of Education:	Date
Report forwarded to Head of School:	Date