

Vallivue School District #139
Policy 506.50 Prohibition Against Harassment, Intimidation and Bullying
Investigative Form

School:

Interview Conducted By:		Today's Date:	
Date of Incident:		Time of Incident:	
Student Filing Complaint:		Grade:	
Target:		Grade:	
Person Complaint Against:		Grade:	
Bystander / Witness:		Grade:	
Bystander / Witness:		Grade:	
Classroom or location of incident:			
Please check below all that apply:			

- | | | |
|---|---|---|
| <input type="checkbox"/> Blocked movement | <input type="checkbox"/> Intimidation directed toward me | <input type="checkbox"/> Racial slur(s) |
| <input type="checkbox"/> Damage to my property | <input type="checkbox"/> Make my environment feel threatening | <input type="checkbox"/> Repeated behavior |
| <input type="checkbox"/> Derogatory comments | <input type="checkbox"/> Name calling | <input type="checkbox"/> Sexual stories/jokes |
| <input type="checkbox"/> Disrespectful comments | <input type="checkbox"/> Offensive writing or graffiti | <input type="checkbox"/> Sexual Orientation Slurs |
| <input type="checkbox"/> Electronic Bullying | <input type="checkbox"/> Physical harm to me or threats of harm | <input type="checkbox"/> Slurs, rumors, jokes |
| <input type="checkbox"/> Excluding me from activities | <input type="checkbox"/> Pranks | <input type="checkbox"/> Spreading rumors |
| <input type="checkbox"/> Gender slurs | | <input type="checkbox"/> Touching or grabbing |
| <input type="checkbox"/> Gestures | | <input type="checkbox"/> Other, Describe: |

Description of incident/situation:	
Resolution reached:	

Family of Target Notified		Date:	
Family of Alleged Aggressor Notified		Date:	

Investigation Results:

Date Completed:

Response/Results

Referral to CPS if appropriate (use separate paperwork).

Corrective Measure for Alleged Aggressor:

Perpetrator warned against retaliation.

Appropriate Disciplinary Action forms completed and communicated

Family of Target Notified		Date:	
Family of Alleged Aggressor Notified		Date:	