

**APPENDIX A**

**BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM**

1. Name of Reporter/Person Filing the 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: \_\_\_\_\_
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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): \_\_\_\_\_
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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 \_\_\_\_\_
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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.

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FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: \_\_\_\_\_ Date: \_\_\_\_\_  
(Note: Reports may be filed anonymously.)
- 10: Form Given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**II. INVESTIGATION**

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1. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

2. Interviews:

- Interviewed aggressor      Name: \_\_\_\_\_      Date: \_\_\_\_\_
- Interviewed target      Name: \_\_\_\_\_      Date: \_\_\_\_\_
- Interviewed witnesses      Name: \_\_\_\_\_      Date: \_\_\_\_\_  
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       Incident documented as \_\_\_\_\_
- Retaliation       Discipline referral only \_\_\_\_\_

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: \_\_\_\_\_