PHA BULLYING INCIDENT REPORTING FORM

1. 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.)

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 grade: ________________________________

5. If staff member, state your position and campus: ________________________________

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: __________
    (Note: Reports may be filed anonymously.)

10. Form Given to: ________________________________ Position: ________________________________ Date: __________
    Signature: ________________________________ Date Received: __________

II. INVESTIGATION

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. Bullying Criteria met:
   □ Repeated □ Targeted/Intentional □ Power Imbalance

2. Finding of bullying or retaliation:
   □ YES □ NO
   □ Bullying □ Incidence documented as ________________________
   □ Retaliation □ Discipline referral only ________________________

3. Contacts:
   □ Target’s parent/guardian Date: __________ □ Aggressor’s parent/guardian Date: __________
   □ Law Enforcement Date: __________ □ Other: __________ Date: __________

4. Action Taken:
   □ Loss of Privileges □ Detention □ STEP referral □ Suspension
   □ Community Service □ Education □ Other ________________________

5. 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 Head of School: Date __________
(If principal was not the investigator)

Signature and Title: ________________________________________________ Date: __________