



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: _____



FOR ADMINISTRATIVE USE ONLY

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:



III. CONCLUSIONS FROM THE INVESTIGATION

1. Bullying Criteria met:

- Repeated Targeted/Intentional Power Imbalance

2. Finding of bullying or retaliation:

- YES NO
- Bullying Incident 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:** _____