

BULLYING REPORT FORM

Bullying as defined by IC 20-33-8-0.2 means overt, unwanted, repeated acts or gestures, including verbal or written communications or images transmitted in any manner (including digitally or electronically), physical acts committed, aggression, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the targeted student and create for the targeted student an objectively hostile student environment

Today's Date: _____ School: _____

Person Reporting Incident (may report anonymously): _____

I am a: (place an X in the appropriate box)

Student Parent/Caregiver Teacher/Staff Volunteer

Contact Information (please include best way to reach you, i.e., by phone, email, etc.)

INCIDENT INFORMATION

Date Incident Occurred: _____

Name of student being bullied: _____

Name of alleged offender: _____

Type of bullying (check all that apply):

Verbal Physical Social/Relational Written or Electronic

Brief explanation of incident (remember the what happened, where it happened and if there were witnesses to help in the investigation):

Any other information you would like to provide to help in our investigation:

**Please return this form to your child's school, or email the classroom teacher, school counselor, or administrators. You may also call the school to report a bullying incident at any time. 765-659-6265*

INVESTIGATION REPORT

Investigated by: _____

Position: _____

Date: _____

Final Report of Investigation of bullying complaint by _____
against _____, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

Found grounds to substantiate the report as a bullying incident

Incident was: Verbal Physical Social/Relational Written or
Electronic

Did not find grounds to substantiate the allegations

Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action:

Parent/Guardian Contacted: Yes Date: _____ No

Signature of Investigator/Title: _____ Date: _____

Signature of Administrator: _____ Date: _____
(if not the investigator)