BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

. Name of Reporter/Person Filing the Report:			
(Note: Reports may be made anonymously, but no disciplinary a basis of an anonymous report.)	ction will be taken against an alleged aggressor solely on the		
Check whether you are the: Target of the behave	ior Reporter (not the target)		
s. Check whether you are a: Student Staff m	ember (specify role)		
Parent Administrator Other (specify) Your contact information/telephone number: If student, state your school: Grade: G			
		i. Information about the Incident:	
		Name of Target (of behavior):	
			havior):
Name:			
 Describe the details of the incident (including names person did and said, including specific words used). 	of people involved, what occurred, and what each Please use additional space on back if necessary.		
FOR ADMINISTR	ATIVE USE ONLY		
9. Signature of Person Filing this Report:	Date:		
(Note: Reports may be filed anonymously.)			
10: Form Given to:	Position: Date:		
Signature:			

□ Interviewed target Name: □ Interviewed witnesses Name: Name: Name: 3. Any prior documented incidents by the aggressor?	Position(s):
□ Interviewed aggressor Name: □ Interviewed target Name: □ Interviewed witnesses Name: Name: □ Name:	Date:
□ Interviewed target Name: □ Interviewed witnesses Name: Name: Name: 3. Any prior documented incidents by the aggressor?	Date:
□ Interviewed target Name: □ Interviewed witnesses Name: Name: Name: 3. Any prior documented incidents by the aggressor?	Date:
Name: 3. Any prior documented incidents by the aggressor?	Date:
3. Any prior documented incidents by the aggressor?	
If yes, have incidents involved target or ta	rget group previously? 🗅 Yes 🗇 No
Any previous incidents with findings of BULLYING, RETALIATION Green 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:	D Law Enforcement Date:
3. Action Taken:	
□ Loss of Privileges □ Detention □ STEP ref	·
□ Community Service □ Education □ Other	
4. Describe Safety Planning:	
	Initial and date when completed:
Follow-up with Aggressor: scheduled for	Initial and date when completed:
Report forwarded to Principal: Date(If principal was not the investigator) Signature and Title:	Report forwarded to Superintendent: Date