APPENDIX A
BULLYING PREVENTION AND INTERVENTION 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)

4. If student, state your school: ___________________________  Grade: __________

5. If staff member, state your school or work site: __________________________________________________________

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.

FOR ADMINISTRATIVE USE ONLY

9. Signature of Person Filing this Report: ___________________________________________  Date: __________
   (Note: Reports may be filed anonymously.)

10. Form Given to: _________________________________________  Position: ______________________  Date: __________
APPENDIX A

Signature: ______________________________________________________ Date Received: ____________

II. INVESTIGATION

1. Investigator(s): _____________________________________________________________ Position(s): ____________________________

2. Interviews:
   □ Interviewed aggressor Name: ___________________________ Date: _____________
   □ Interviewed target Name: ___________________________ Date: _____________
   □ Interviewed witnesses 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: ___________