



**BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM**

**1. Name of Reporter/Person Filing the Report:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged Aggressor solely based on an anonymous report).

**2. Information about the incident:**

Nature of the behavior - (what happened, who was involved, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Time(s), location(s), date(s), of behavior:

\_\_\_\_\_  
\_\_\_\_\_

Past incidents or continuing incidents (describe)

\_\_\_\_\_  
\_\_\_\_\_

School Personnel contacted about this/these behaviors/incidents.

\_\_\_\_\_

**3. Who saw the incident or have information about it:**

Name: \_\_\_\_\_ Student Staff Other \_\_\_\_\_

Name: \_\_\_\_\_ Student Staff Other \_\_\_\_\_

**II. INVESTIGATION**

**1. Interviews**

o Interviewed Name \_\_\_\_\_ Date: \_\_\_\_\_

o Interviewed Name: \_\_\_\_\_ Date: \_\_\_\_\_

o Interviewed Name: \_\_\_\_\_ Date: \_\_\_\_\_

o Interviewed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Any prior documented incidents? Yes \_\_\_\_\_ No \_\_\_\_\_**

**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: \_\_\_\_\_

\_\_\_\_ Other parent/guardian      Date: \_\_\_\_\_

**3. Action Taken**

\_\_\_\_ Loss of Privileges      \_\_\_\_ Detention      \_\_\_\_ Referral      \_\_\_\_ Suspension      \_\_\_\_ Other

**4. Follow up Date:** \_\_\_\_\_

(Additional information attached on separate sheet)

\_\_\_\_\_  
**Signature**