

Gateway Regional Bullying/Harassment Incident Reporting Form

The Gateway Regional School District is committed to providing a safe environment to all members of our community. To report an incident of alleged bullying/harassment, complete this form and return it to the Principal/Designee. This form can be completed anonymously by omitting signature and name. Every reported act of bullying will be investigated. Parents/Guardians of aggressors and targets will be contacted in cases of confirmed bullying/harassment.			
Date of Report:		Date of Incident:	
Name of Student Target:		Grade	School
1)			
Name(s) of Alleged Aggressor(s):		Grade	School
1)			
2)			
3)			
Name(s) of Witness(es):		Grade	School
1)			
2)			
3)			
Where Did the Incident Occur? (Check all that apply)			
<input type="checkbox"/> On School Property	<input type="checkbox"/> To/From School	<input type="checkbox"/> School Sponsored Activity	
<input type="checkbox"/> School Bus Stop	<input type="checkbox"/> Off School Property	<input type="checkbox"/> Text/Phone/Internet/Social Media	
<input type="checkbox"/> Other:			
What Best Describes What Happened During the Incident? (Check all that apply)			
<input type="checkbox"/> Taunting	<input type="checkbox"/> Stalking	<input type="checkbox"/> Humiliation	<input type="checkbox"/> Physical Contact
<input type="checkbox"/> Threat	<input type="checkbox"/> Theft	<input type="checkbox"/> Exclusion	<input type="checkbox"/> Cyber-bullying
<input type="checkbox"/> Intimidation	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other:	
Did Physical Injury Result from the Incident? (Check one)			
<input type="checkbox"/> No physical injury resulted from incident	<input type="checkbox"/> Yes, medical attention required (if yes, respond below)		
<input type="checkbox"/> Yes, medical attention NOT required	<input type="checkbox"/> Medical documentation attached	<input type="checkbox"/> Superintendent notified	
Student Absent from School as a Result of the Incident?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how many days absent?	
Describe the incident (use back of this sheet for additional space):			
Person Reporting Incident: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other:			
(Leave Information Below Blank if Reporting Anonymously)			
Name:		Phone:	Email:
Signature:		Date:	
FOR ADMINISTRATIVE USE ONLY			
Form Submitted to:		Position:	Date: Initial:
This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.			

Gateway Regional Bullying/Harassment Investigation Form

Investigator:	Dates of Investigation: / / to / /	
Name of Student Target:	Grade	School
1)		
Name(s) of Alleged Aggressor(s):	Grade	School
1)		
2)		
3)		
Name(s) of Witness(es):	Grade	School
1)		
2)		
3)		
Any prior documented incidents by the aggressor(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, have any incidents involved target or target group? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Any incidents with findings of bullying or retaliation? <input type="checkbox"/> No <input type="checkbox"/> Yes		
INTERVIEWS		
Target Interview Date:	Relationship Between Students:	
Description of the Incident:		
Is this a Repeated Incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, describe previous incidents:		
Does the target perceive physical or emotional harm or damage to property?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the target in reasonable fear for them self or their property?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the target perceive that a hostile environment exists?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are the rights of the target being infringed upon?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the target perceive the orderly operation of school to be disrupted?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Inform target that any threat or act of retaliation from either party is prohibited.</i>	<input type="checkbox"/>	
Do strategies need to be implemented to restore the targets sense of safety?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, describe steps taken:		

Alleged Aggressor #1 Interview Date:	Relationship Between Students:
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Description of the Incident:

Inform alleged aggressor that any threats or acts of retaliation are prohibited.



Alleged Aggressor #2 Interview Date:	Relationship Between Students:
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Description of the Incident:

Inform alleged aggressor that any threats or acts of retaliation are prohibited.



Alleged Aggressor #3 Interview Date:	Relationship Between Students:
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Description of the Incident:

Inform alleged aggressor that any threats or acts of retaliation are prohibited.



Witness Interview #1 Date:	Relationship Between Students:		
Description of the Incident:			
Is this a Repeated Incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, describe previous incidents:			
Did witness play an active role in the incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, re-identify witness as an alleged aggressor.
Do strategies need to be implemented to restore the witness's sense of safety?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, describe steps taken:			
Witness Interview #2 Date:	Relationship Between Students:		
Description of the Incident:			
Is this a Repeated Incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, describe previous incidents:			
Did witness play an active role in the incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, re-identify witness as an alleged aggressor.
Do strategies need to be implemented to restore the witness' sense of safety?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, describe steps taken:			
Witness Interview #3 Date:	Relationship Between Students:		
Description of the Incident:			
Is this a Repeated Incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, describe previous incidents:			
Did witness play an active role in the incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, re-identify witness as an alleged aggressor.
Do strategies need to be implemented to restore the witness' sense of safety?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, describe steps taken:			
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Gateway Regional Bullying/Harassment Determination Form

Investigator:	Dates of Investigation: / / to / /	
ADMINISTRATIVE FINDINGS		
Name of Student Target:	Name of Alleged Aggressor(s):	
1)	1)	
	2)	
	3)	
ADMINISTRATIVE FINDINGS		
Is there physical or emotional harm to the target or damage to the target's property?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the target in reasonable fear for them self or their property?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a hostile environment for the target?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are the rights of the target being infringed upon at school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the education process or orderly operation of the school being disrupted?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a Civil Rights Violation (basis of race, color, national origin, sex, or disability)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
ADMINISTRATIVE FINDINGS		
Is the behavior repeated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the behavior an act of retaliation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
DETERMINATION (Check One)		
<input type="checkbox"/>	Bullying/Harassment Report Substantiated	
<input type="checkbox"/>	Bullying/Harassment Report NOT Substantiated	
<input type="checkbox"/>	Bullying/Harassment Report NOT Substantiated—Intentionally False Allegation	
ACTIONS		
<input type="checkbox"/>	Safety Plan (attach completed Plan)	
<input type="checkbox"/>	Conduct Plan (attach completed Plan)	
<input type="checkbox"/>	Discipline:	
NOTIFICATION		
<input type="checkbox"/>	Parent/Guardian of Target	Date:
<input type="checkbox"/>	Parent/Guardian(s) of Aggressor(s)	Date:
<input type="checkbox"/>	Guidance Counselor of Target	Date:
<input type="checkbox"/>	Guidance Counselor of Aggressor(s)	Date:
<input type="checkbox"/>	Teachers/Staff/Coaches (as appropriate) of Target	Date:
<input type="checkbox"/>	Teachers/Staff/Coaches (as appropriate) of Aggressor(s)	Date:
<input type="checkbox"/>	Person who submitted Incident Report Form (as appropriate)	Date:
<input type="checkbox"/>	Police (if criminal charges may be pursued)	Date:
<input type="checkbox"/>	Pupil Services (if target/aggressor receives special education services)	Date:
<input type="checkbox"/>	Administrator of Other School (if target/aggressor attends a different school)	Date:
DOCUMENTATION		
<input type="checkbox"/>	Superintendent of Schools	Date:
<input type="checkbox"/>	PowerSchool Log Entry	Date:
<input type="checkbox"/>	Student Files (as appropriate)	Date:
Administrator/Designee Signature:		Date:
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Gateway Regional Safety/Conduct Plan

Safety Plan for Target

Conduct Plan for Aggressor

Student:	Grade:	School:	Date:
Brief Description of Incident:			
Objective:			
Strategy #1:			
Strategy #2			
Strategy #3			
Duration: / / to / /			
# of Times Weekly:		# of Weeks:	
Teachers Notified: <input type="checkbox"/> / /			
Copy Sent to Parent/Guardian: <input type="checkbox"/> / /			
Counseling or referral services are provided to student and appropriate family members: <input type="checkbox"/> / /			
Progress Report Dates: (1) / / <input type="checkbox"/>		(2) / / <input type="checkbox"/>	
		(3) / / <input type="checkbox"/>	
Objective Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /			
Plan Development Signatures:		Plan Termination Signatures: (Agreement of all parties required <i>before</i> termination)	
Student:	Date:	Student:	Date:
Parent/Guardian:	Date:	Parent/Guardian:	Date:
Plan Coordinator:	Date:	Plan Coordinator:	Date:
Administrator:	Date:	Administrator:	Date:
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PROGRESS REPORTS

Safety/Conduct Plan Progress Report #1		Date:
Strategy #1	Progress:	
Strategy #2	Progress:	
Strategy #3	Progress:	
Comments:		
Administrator/Designee Signature:		Student Signature:

Safety/Conduct Plan Progress Report #2		Date:
Strategy #1	Progress:	
Strategy #2	Progress:	
Strategy #3	Progress:	
Comments:		
Administrator/Designee Signature:		Student Signature:

Safety/Conduct Plan Progress Report #3		Date:
Strategy #1	Progress:	
Strategy #2	Progress:	
Strategy #3	Progress:	
Comments:		
Administrator/Designee Signature:		Student Signature:

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