



INCIDENT INVESTIGATION KIT

VICTIM NAME:

DATE:

/ /

Witness Statement Report

Name:

Date:

Phone:

Circle One: Student Parent Staff Other

Written Witness Testimony

Please be specific about the types of harassment, the frequency of their occurrence, and each alleged offenders actions.

Report Submitted by: _____ Signature _____ Date _____



INCIDENT INVESTIGATION KIT

VICTIM NAME: _____

DATE: _____ / _____ / _____

Victim Intervention Report

Narrative Description of Incident

VICTIM INTERVENTION OPTIONS

- Provide adult supervision during recess, lunch time, bathroom breaks and hallway passage
- Maintain contact with parents/guardians of all involved parties
- Provide counseling if needed
- Inform school personnel and instruct them to monitor parties involved
- Check with victim daily/weekly to ensure no further incidents
- Setup weekly meetings with guidance counselor
- Other _____

STANDARD INTERVENTION SEQUENCE

Action	Date
<input type="checkbox"/> Parent/Guardian Notified of Incident	
<input type="checkbox"/> Parent/Guardian Notified of Corrective Actions	
<input type="checkbox"/> Mediation Meeting Held (If Needed)	
<input type="checkbox"/> Parent/Guardian follow-up (<i>one week</i>)	
<input type="checkbox"/> Parent/Guardian follow-up (<i>one month</i>)	
<input type="checkbox"/> Situation Monitored	ongoing

ADVANCED INTERVENTION OPTIONS

- False allegation, no action required.
- Contact made with outside counselor.
- Law enforcement involved.
- CPS involved.
- Other _____

Narrative Description of Intervention Strategies

Signing below indicates the parent/guardian of a student has been informed of a harassment incident report, has been made aware of the school's response to the situation, and has been given clear instructions regarding steps to take should the harassment behavior persist.

Parent/Guardian Printed Name _____ Signature _____ Date _____

Investigator Printed Name _____ Signature _____ Date _____



INCIDENT INVESTIGATION KIT

VICTIM NAME: _____

DATE: _____ / _____ / _____

Offender Response Report

Narrative Description of Incident

Intervention Measures

- Parent contact
- No action required, this was a false allegation
- Cease and Desist Order
- Electronic Communication Order
- Student Warning
- Letter of Apology
- Mediation
- Counseling
- Parent conference
- Harassment Education Course
- Detention
- In-School Suspension
- Out-of School Suspension/Expulsion
- Police Involvement
- CPS Involvement
- Other (Specify) _____

STANDARD INTERVENTION SEQUENCE

Action	Date
<input type="checkbox"/> Parent/Guardian Notified of Incident	
<input type="checkbox"/> Parent/Guardian Notified of Corrective Actions	
<input type="checkbox"/> Mediation Meeting Held (If Needed)	
<input type="checkbox"/> Parents notified of Anti-retaliation	
<input type="checkbox"/> Situation Monitored	ongoing

Narrative Description of Intervention Measures

Signing below indicates the parent/guardian of a student has been informed of a harassment incident report, has been made aware of the school's response to the situation, and has been given clear instructions regarding steps to take should the harassment behavior persist.

Parent/Guardian Printed Name _____ Signature _____ Date _____

Investigator Printed Name _____ Signature _____ Date _____