

Administrative Regulation 235-2
Attachment F

**LOWER MERION SCHOOL DISTRICT
RECORD OF INCIDENT INVESTIGATION**

INCIDENT #:

REPORT OF INCIDENT/PRELIMINARY INVESTIGATION

DATE OF INITIAL REPORT:

NAME OF INDIVIDUAL REPORTING INCIDENT:

INDIVIDUAL REPORTING INCIDENT IS A: ☐ STUDENT ☐ TEACHER ☐ SUPPORT STAFF ☐ OTHER (SPECIFY):

BUILDING (WHERE INCIDENT IS REPORTED):

NAME AND TITLE OF INDIVIDUAL COMPLETING THIS REPORT:

Please indicate which primary offense is being alleged:

- ☐ **BULLYING/CYBERBULLYING**
☐ **PROHIBITED HARASSMENT/CYBERHARASSMENT; INCLUDING, BUT NOT LIMITED TO, SEXUAL HARASSMENT**
☐ **HATE SPEECH/RACIAL/ETHNIC INTIMIDATION**
☐ **HAZING**
☐ **INTIMIDATION**

I. WHO IS INVOLVED? (Use Supplemental Form for additional victims)

NAME OF ALLEGED TARGET/VICTIM (USE SUPPLEMENTAL FORM IF MORE THAN ONE VICTIM):

SCHOOL OF ATTENDANCE (TARGET/VICTIM):

GRADE (TARGET/VICTIM):

Was the individual targeted on the basis of a **PROTECTED CLASSIFICATION**?

☐ RACE/COLOR/NATIONAL ORIGIN ☐ SEX OR GENDER IDENTITY ☐ SEXUAL ORIENTATION ☐ DISABILITY
☐ RELIGION ☐ OTHER (SPECIFY): ☐ NOT APPLICABLE

Is treatment alleged: ☐ a single or isolated incident ☐ multiple incidents/pattern

NAME OF ALLEGED OFFENDER(S)	SCHOOL OF ATTENDANCE	GRADE

II. WHAT HAPPENED? (Use Supplemental Form for additional incidents)**WHEN** did the incident occur?

DATE: _____

TIME: _____

WHERE did the incident(s) occur?☐ IN SCHOOL ☐ ON SCHOOL GROUNDS ☐ IN A SCHOOL VEHICLE ☐ AT A DESIGNATED BUS STOP☐ AT A SCHOOL-SPONSORED ACTIVITY ☐ ON THE WAY TO/FROM SCHOOL☐ OUTSIDE THE SCHOOL SETTING (IF OUTSIDE, SPECIFY WHERE): _____Describe in detail **WHAT** happened, including verbal statements (such as threats, requests, demands, etc.) and whether any physical contact was involved:

List and attach any additional evidence of bullying or harassment (e.g., letters, texts, emails, photos, etc.). If on an electronic device; consult central office for additional instructions.

Provide information regarding **WITNESSES** below. In most cases, witnesses should be asked to provide or verify a written statement, which is appended to this report. Advise witnesses of parameters of **CONFIDENTIALITY** and protection from **RETALIATION**. Use Supplemental Form if additional space is needed.

NAME OF WITNESS(ES)	POSITION	STATEMENT?
	<input type="checkbox"/> STUDENT <input type="checkbox"/> TEACHER <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> STUDENT <input type="checkbox"/> TEACHER <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> STUDENT <input type="checkbox"/> TEACHER <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> STUDENT <input type="checkbox"/> TEACHER <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> STUDENT <input type="checkbox"/> TEACHER <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

If **PHYSICAL CONTACT** was involved, attach applicable report from nurse or other health care professional. If health care professional was not consulted or if report is not available, explain why: _____Is this a **MANDATORY REPORT** pursuant to the MOU with LMPD? ☐ YES ☐ NO

If yes, indicate: Date/time of Report: _____ Report #: _____

Officer(s) Responding: _____ Did police investigate? ☐ YES ☐ NOIs this a **DISCRETIONARY REPORT** pursuant to the MOU with LMPD? ☐ YES ☐ NO

If report made, indicate: Date/time of Report: _____ Report #: _____

Officer(s) Responding: _____ Did police investigate? ☐ YES ☐ NOIs this a mandated report to **CHILDREN AND YOUTH** as a child abuse/sexual abuse matter? ☐ YES ☐ NO

If yes, indicate: Date/time of Report: _____	Report #: _____
III. INVESTIGATION/OUTCOME (Use Supplemental Form for additional incidents)	
Parents/guardians of alleged TARGET/VICTIM notified of the initial report? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate date/time and manner of notification (e.g., telephone, meeting): _____ If no, explain: _____	
TARGET/VICTIM(s) advised of parameters of CONFIDENTIALITY and protection from RETALIATION ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate date/time and manner of notification (e.g., telephone, meeting): _____ If no, explain: _____	
Parents/guardians of alleged OFFENDER(s) notified of the initial report? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate date/time and manner of notification (e.g., telephone, meeting): _____ If no, explain: _____	
Alleged OFFENDER(s) advised of parameters of CONFIDENTIALITY and protection from RETALIATION ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate date/time and manner of notification (e.g., telephone, meeting): _____ If no, explain: _____	
COLLECT and REVIEW as applicable: <ul style="list-style-type: none"> • Report/statement of victim(s) <ul style="list-style-type: none"> ◦ Other documents/items provided by alleged victim(s) • Statement of alleged offender(s) <ul style="list-style-type: none"> ◦ Other documents/items provided by alleged offender(s) • Statement/verification of witness(es) <ul style="list-style-type: none"> ◦ Other documents/items provided by witness(es) • Report of nurse or health care provider(s) • Police report • LMSD video footage (security cameras, bus cameras) [Per Policy 709/810] • LMSD computer files; history [**Must be coordinated with IT] • Victim/offender class schedule(s) • Victim/offender bus schedule(s) • Grade reports/class performance information from teacher of victim/offender • Victim/offender attendance report(s) • Reports of nurse/counselor office visits (victim) • Notes of Interviews • Other relevant information/documentation produced during investigation 	
CONSULTATION with central office? <input type="checkbox"/> YES <input type="checkbox"/> NO Date/time: _____ Name(s)/title(s) of individuals consulted: _____	
Name(s)/title(s) of individuals who CONDUCTED investigation (indicate primary/lead investigator): _____	
Brief summary of FINDINGS :	

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IV. OUTCOME/CONSEQUENCES

Were parents/guardians of alleged victim/target(s) **NOTIFIED** of the outcome of the investigation? ☐ YES ☐ NO

If yes, indicate date/time and manner of notification (e.g., telephone, meeting): _____

Were parents/guardians of alleged offender(s) **NOTIFIED** of the outcome of the investigation? ☐ YES ☐ NO

If yes, indicate date/time and manner of notification (e.g., telephone, meeting): _____

OUTCOME reported:

☐ **UNFOUNDED**; no action taken

☐ **UNFOUNDED** on primary offense(s) (e.g., harassment, bullying), other offense founded (e.g., disruptive behavior); action taken. If **ACTION TAKEN**, describe: _____

☐ **FOUNDED**; action taken. If **FOUNDED**, indicate offense:

☐ BULLYING/CYBERBULLYING

☐ PROHIBITED HARASSMENT/CYBERHARASSMENT

☐ HATE SPEECH/RACIAL/ETHNIC INTIMIDATE

☐ HAZING

☐ INTIMIDATION

Describe **RESTORATIVE ACTION(S)** taken/**VICTIM**:

Describe **ACTION (DISCIPLINARY/RESTORATIVE)** taken/**OFFENDER**:

If **SUSPENSION/EXPULSION**:

- Date/time/manner of principal's hearing notice: _____
- Date/time of principal's hearing: _____
- Name(s)/Title(s) of individuals present at hearing: _____
- Date written notification of outcome of hearing provided (attach copy): _____
 - If no outcome/notification, explain why: _____
- Classification of Disciplinary offense (Code/Group): _____
 - Was this a repeat offense? _____
- Other considerations (e.g., IEP/504 status); explain: _____

Was this matter recorded in **PowerSchool**? ☐ YES ☐ NO

Is this a **PDE reportable offense**? ☐ YES ☐ NO

If yes, **SAFE SCHOOLS REPORT CODE**: _____

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NOTES: