

BULLYING, HARASSMENT, OR INTIMIDATION INVESTIGATION FORM

Directions: *The Bullying, Harassment or Intimidation Investigation Form* is a tool for school administration or an administrative designee to investigate reports of bullying, harassment or intimidation that have been documented on a *Bullying, Harassment, or Intimidation Reporting Form*. School administration or an administrative designee are to utilize the *Bullying, Harassment, or Intimidation Investigation Form* to promptly and appropriately investigate reports of bullying, harassment, or intimidation consistent with due process rights, within two school days after receipt of a reporting form or as timely as possible for school administration or administrative designee.

School Personnel Completing Form: _____ Position: _____

Today's date: _____ / _____ / _____ School: _____
Month Day Year

Person Reporting Incident (From reporting form) Name: _____
 Phone: _____ E-mail: _____
 Place an **X** in the appropriate box:
 Student Parent/Caregiver Close adult relative School Staff Bystander

1. Alleged Targeted student(s)

Name	Age	IEP Y/N	504 Y/N	Days absent as a result of the incident:

2. Alleged Offender(s)

Name	Age: (if known)	School: (if known)	Student Y/N	IEP Y/N	504 Y/N	Days absent as a result of the incident:

3. Alleged Witnesses

Name	Age: (if known)

4. Alleged motive (from reporting form) of the alleged offender(s) as to why the bullying, harassment, and/or intimidation occurred (choose all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Because of race/ethnicity | <input type="checkbox"/> Because of perceived sexual orientation | <input type="checkbox"/> Gang related/Gang recruitment |
| <input type="checkbox"/> Because of national origin | <input type="checkbox"/> Because of gender expression | <input type="checkbox"/> Human trafficking/Prostitution recruitment |
| <input type="checkbox"/> Because of religion | <input type="checkbox"/> Because of gender identity | <input type="checkbox"/> Because of another reason not listed (specify)_____ |
| <input type="checkbox"/> Because of sex | <input type="checkbox"/> Because of disability | <input type="checkbox"/> The reason is unknown |
| <input type="checkbox"/> Because of immigration status | <input type="checkbox"/> Because of physical appearance | |
| <input type="checkbox"/> Because of family/parental or marital status | <input type="checkbox"/> To impress others | |
| <input type="checkbox"/> Because of socio-economic status | <input type="checkbox"/> Just to be mean | |
| <input type="checkbox"/> Because of academic performance | <input type="checkbox"/> Retaliation | |

5. Where was the incident reported to have happened (choose all that apply)

- On school property: School cafeteria Classroom Media center Office area Hallway/Stairs/Transitions
 Playground/Campus School sponsored after-school program Lavatory Locker room/Gym
- On the way to/from school
- On a school bus
- Off school property or at a school-sponsored activity or event
- Digital device on school property Digital device off school property Digital device during virtual learning
- Other: _____

6. Investigative Actions:

a. Interviews Conducted (check all that apply):

- Person reporting alleged incident Alleged targeted student Alleged offender Alleged witnesses
- School nurse SRO/Law enforcement Alleged targeted student's parent/caregiver
- Alleged offender's parent/caregiver School staff
- Previously investigated and documented date ___/___/___
Month Day Year
- Other (specify) _____

b. Relevant Documentation (check all that apply):

- Witness statements Law enforcement documentation Medical records Social media sites
- Video evidence Conducted student record review Other (specify) _____

7. Outcome of the Investigation (Choose One)

- It was determined that an incident(s) of bullying, harassment or intimidation has occurred and the appropriate consequences, interventions and supports have been applied based on local school system policies, regulations, and procedures.
- It was determined that it was not an incident of bullying, harassment or intimidation due to a lack of a preponderance of evidence.
- It was determined that this was a false allegation.
- It was determined that the incident could not be verified as bullying, harassment, or intimidation.
- It was determined to be a conflict or other inappropriate behavior, and did not rise to the level of bullying, harassment, or intimidation.

8. Interventions/Supports/Corrective Actions for Offender(s) (choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Administrative conference with student | <input type="checkbox"/> Behavior contract |
| <input type="checkbox"/> Restorative approaches | <input type="checkbox"/> Referral for alternative placement/setting |
| <input type="checkbox"/> Referral to school counselor or Student Support Team | <input type="checkbox"/> Community service |
| <input type="checkbox"/> Parent-outreach (phone call, email, text message) | <input type="checkbox"/> Separation from other student to include transfer or change in schedule |
| <input type="checkbox"/> Student/Parent conference | <input type="checkbox"/> Referral to law enforcement |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Consult with IEP Chair |
| <input type="checkbox"/> In-school suspension | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Short-term Out of School Suspension | |

9. Interventions/Supports for Targeted Student(s) (choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Plan of support to include a "go to" adult in the school | <input type="checkbox"/> Referral to Student Support Team |
| <input type="checkbox"/> Student/Parent conference | <input type="checkbox"/> Developed a safety plan |
| <input type="checkbox"/> Referral to counselor or therapist | <input type="checkbox"/> Consult with IEP Chair |
| <input type="checkbox"/> Parent-outreach (phone call, email, text message) | <input type="checkbox"/> Other (specify) _____ |

10. Did a physical injury result from this incident? Place an X next to one of the following:

- None observed Injury observed Medical documentation provided

Signature: _____ Date: _____
(School Administrator or Designee) Month/ Day/ Year

Additional Notes: (Please attach any relevant notes or documentation related to the investigation.)