



VERNON PUBLIC SCHOOLS

Suspected Challenging Behavior Incident Investigation Form

TODAY'S DATE: _____

SCHOOL PERSONNEL COMPLETING FORM: _____

POSITION: _____

NAME OF PERSON REPORTING INCIDENT: _____

CONTACT INFORMATION (EMAIL/PHONE #): _____

NAME OF STUDENT OR STUDENTS WHO WERE ALLEGEDLY SUBJECTED TO CHALLENGING
BEHAVIOR: _____

NAME(S) OF ALLEGED OFFENDERS (if known):

DATES OF INCIDENTS: _____

INVESTIGATION

1. Where did the incident happen? (choose all that apply)

- On school property
- On a school bus
- Social network/ Cell-phone

- On the way home from school
- At a school-sponsored activity or event off school property
- Other: _____

2. Describe in as much detail as possible, what happened.

3. Investigator Notes: Any evidence collected and/or received during the investigation (including statements from complainant, respondent, witnesses)

4. What corrective actions were taken in this case? (choose all that apply)

None were required, this was a false allegation
None, the incident did not warrant any corrective action
Student conference
Student warning
Letter of apology
Mediation
Counseling
Utilization of restorative practices
Safety Plan

Threat Assessment
Parent Letter
Parent phone call
Parent conference
Detention
Community service
In-school suspension
Out-of-school suspension
Sent for consideration for Expulsion
Assigned online reteaching course
Other (specify) _____

5. Explain supportive measures offered/extended to a party:

6. Result of the Investigation:

- ACT HAS NOT BEEN VERIFIED AS BULLYING
- ACT HAS BEEN VERIFIED AS BULLYING (parent contact required)
- PARENT(S) HAVE BEEN CONTACTED DATE OF PARENT CONTACT: _____

Signature

Date