

# Administrator Bullying Incident Investigation Form

Reference: Board Policy FFI (Local) – Freedom from Bullying

### 1. Date alleged incident reported:

#### 2. Administrator(s):

#### 3. Initial Notification

<u>Alleged Victim</u> Parent/Guardian of alleged victim (*must be notified within 3 school days after receiving report of an alleged bullying incident*)

• Date of Communication: Method:

Notes:

#### Alleged Bully

Parent/Guardian of alleged bully (must *be notified within a reasonable time after the receiving report of alleged bullying incident*)

• Date of Communication: Method:

Notes:

**4. Interim Action** (Administrator takes necessary immediate action to ensure the safety of alleged victim during investigation and documents actions taken):

#### 5. Conferences (Attach all written statements or notes with this form):

- a) Alleged Victim Name: Date:
- b) Alleged Bully Name: Date:



c) Witnesses

Name: Date:

Name: Date:

Name: Date:

Name: Date:

**6. Indicate additional documentation used** (e.g., documents reviewed, video reviewed, etc. – include all other evidence with this form):

## 7. Prior Incidents

Any prior documented incidents by the alleged bully?

If yes, have incidents involved the same alleged victim(s) previously?

Any previous incidents with findings of bullying, or prohibitive conduct such as sexual harassment, harassment, dating violence, sexual violence/assault or retaliation?

## 8. Date investigation began:

#### 9. Date investigation completed:

Shall be completed within 10 school days from the date the alleged report of bullying is made. If additional time is needed, document reason for extension.

## **10. Conclusions:**



1). Based on the investigation, answer the following questions to determine whether bullying, as defined in law and policy, occurred.

- (a) Did a student or group of students engage in the following?
  Single significant act
  A pattern of acts
- (b) Did the alleged bully engage in the alleged behavior?
  If yes, what type of behavior:
  Written Verbal Electronic\* Physical

(c) Did the behavior exploit an imbalance of power?

(d) Did the behavior occur in one of these locations?

(Check the applicable location)

On school property or at a school-sponsored activity Delivered to school property or to a school-sponsored activity On a publicly or privately owned school bus or vehicle used for transportation of students to / from school or a school-sponsored activity Cyberbullying off school property or outside of a school-sponsored activity

ONLY IF the cyberbullying:

interfered with the alleged victim's educational opportunities; or substantially disrupted the orderly operation of a classroom, school, or school-sponsored activity

(e) Did the behavior cause any of the following?

(Check *the applicable statement*)

Physically harmed or will physically harm the alleged victim

Damage to or will damage the alleged victim's property

Placed or will place the alleged victim in reasonable fear of harm to his/her person or property

Sufficiently severe, persistent, or pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for the alleged victim.

Material and substantial disruption to the educational process or the orderly operation of a classroom or school.

Infringement of the rights of the alleged victim at school

If you answered YES to questions 1(a)-(e), bullying, as defined by law and policy, has occurred.

If you answered NO to any of the questions, bullying, as defined by law and policy, has not occurred.



### 2). Finding

Based on my investigation, I conclude that bullying, as defined by law and FWISD policy has /has not occurred.

### 3). Notification of Finding

Parent/Guardian of alleged victim Date of Communication: Method: Notes:

Parent / Guardian of alleged bully Date of Communication: Method: Notes:

## If the result of the investigation is that bullying occurred, complete the following:

4. Action taken – Corrective action/consequences/supports to bully	4. Action taken –	Corrective action	/consequences/	supports to bully
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Parent contact	Student Support Plan	Cease/desist or stay away form
Counselor Referral	OCI	ISS
OSS	DAEP	DAP
Schedule adjustment	Transfer Request	Restorative Conference
Other		

#### 5. Support for victim

Counseling/Intervention follow-up	Individual Student Support Plan	
Request for a schedule adjustment	Request to Transfer	
Parent Contact	Assign Staff Mentor(s)	

6. Notification of counseling options

Victim: [Date]

Bully: [Date]

Witnesses: [Date]



# 7. Describe Safety Plan:

Staff Responsible for Follow-up with Victim: Date Scheduled: Initial and date when completed: Staff Responsible for Follow-up with Bully: Date Scheduled: Initial and date when completed:

8. Notification:

Parent/Guardian Updates

Report forwarded to School Leadership Executive Director [Date]:

Counseling / Intervention Services Office [Date]:

Reporting Administrator Signature:

Title:

Date:

\*This includes the use of electronic communications, including cellular or other telephone, computer, camera, e-mail,

instant-messaging, text messaging, a social media application, an Internet website, or any other Internet-based communication

tool.

\*\*Please refer to Board Policy FDB (Legal) related to required or discretionary transfers related to bullying.

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