

(Office Use Only) Investigative Reporting Form (Office Use Only)

Date form was received: ____/____/____

Form received by: _____ Job title: _____

Bullying/Harassment/Intimidation Investigation Findings:

The investigating official must complete the following information once the investigation has been completed.

Date student(s) received written copy of student rights, protections and support services (JI-R): ____/____/____

Date student(s) parents were contacted notifying them of the report: ____/____/____

Allegation of Bullying/Harassment/Intimidation incident related to: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Disability | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> None |
| <input type="checkbox"/> Race or Color | |

Summary of Investigation

Bullying Harassment Intimidation None Other
Remarks:

Date Incident (if founded) entered in Synergy: ____/____/____

Incident #:

Consequences Assigned:

Date(s) of follow-up meeting with student(s) involved:

Principal or Principal designee assigned to investigate:

Printed Name: _____

Signature: _____

Investigation Completion Date:

____/____/____