

School District of Janesville

BULLYING INCIDENT REPORT

For School Office use ONLY:

Date Received by School Office:	
School Staff Signature:	

-----**Remainder of form to be completed by school administrator ONLY**-----

For school Administrators use ONLY:

School Administrator Signature:	
Date Incident Investigation Completed:	
Date Incident Received by School Administrator:	

Check One:

- Incident was substantiated.
- Incident was unsubstantiated.

Investigation Letter Outcomes Provided to Parents and Guardians of Victim and Accused:

Date: _____

A Copy of This Form and A Copy of All Investigation Letters were sent to the District Student Service Office.

Date: _____