

## **Table of Contents**

[Exhibit A—Incident Report Form \(Student\)](#)

[Exhibit B—Incident Report Form \(Adult\)](#)

[Exhibit C—Investigation Report](#)

[Exhibit D—Notice of Available Counseling Options to Students Involved in Bullying Incidents](#)

[Exhibit E—Web Text for Posting Procedures for Reporting Allegations of Bullying](#)



### Exhibit A— Incident Report Form (Student)

Student's Name *(optional)*: \_\_\_\_\_

Date: \_\_\_\_\_

**Details of the incident(s)**

Name of student(s) the incident happened to: \_\_\_\_\_

Name(s) of student(s) alleged to have caused the incident(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of the Incident: \_\_\_\_\_

Location of the Incident: \_\_\_\_\_

If the incident is alleged to have occurred on District property, identify the facility or campus:

\_\_\_\_\_  
Name(s) of anyone else who knows about what happened:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what happened: *(Attach additional pages if needed)*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student's Signature (*optional*): \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

---

***For District's Internal Use Only***

**Confirmation of parent notification regarding allegation**

***Note to administrator:*** Notice to the parent or guardian of the alleged victim is required within three business days of the reporting of the incident.

- Notification provided to the parent or guardian of alleged victim:

Parent's or guardian's name: \_\_\_\_\_

Date of notification: \_\_\_\_\_

Method of notification: \_\_\_\_\_

***Note to administrator:*** Notice to the parent or guardian of the student(s) alleged to have engaged in bullying is required within a reasonable time after the incident is reported.

- Notification provided to the parent or guardian of student(s) who allegedly engaged in bullying:

Parent's or guardian's name: \_\_\_\_\_

Date of notification: \_\_\_\_\_

Method of notification: \_\_\_\_\_

Ector County ISD  
068901

STUDENT WELFARE  
FREEDOM FROM BULLYING

FFI  
(EXHIBIT)

## Exhibit B— Incident Report Form (Adult)

### Contact information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address (*if applicable*): \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Details of the incident(s)

Name(s) of alleged offender(s): \_\_\_\_\_

Name(s) of alleged victim(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your relationship to alleged victim(s)/offender(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date-of the Incident: \_\_\_\_\_

Time of the alleged Incident: \_\_\_\_\_

Location of the alleged Incident: \_\_\_\_\_

If the incident is alleged to have occurred on District property, identify the facility or campus:

\_\_\_\_\_

---

---

Name(s) of anyone else who knows about what happened:

---

---

---

Describe the alleged incident(s) as clearly as possible, including what force or physical contact, if any, was used; any verbal statements such as threats, requests, or demands; and any electronic methods used, including email, social media, and the like. *(Attach additional pages if more space is needed.)*

---

---

---

I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

---

***For District's Internal Use Only***

**Confirmation of parent notification regarding allegation:**

***Note to the administrator:*** Notice to the parent or guardian of the alleged victim is required within three business days of the reporting of the incident.

Notification provided to parent/guardian of alleged victim(s):

Parent's or guardian's name: \_\_\_\_\_

Date of notification: \_\_\_\_\_

Method of notification: \_\_\_\_\_

**Note to administrator:** Notice to the parent or guardian of the student(s) alleged to have engaged in bullying is required within a reasonable time after the incident is reported.

Notification provided to parent/guardian of student(s) who allegedly engaged in bullying:

Parent's or guardian's name: \_\_\_\_\_

Date of notification: \_\_\_\_\_

Method of notification: \_\_\_\_\_

Ector County ISD  
068901

STUDENT WELFARE  
FREEDOM FROM BULLYING

FFI  
(EXHIBIT)

## Exhibit C— Investigation Report

**Note to administrator:** This form should be used to assist the investigator while conducting an investigation. It may also be used to document an oral report of an alleged bullying, including cyberbullying, incident.

Name of person investigating alleged incident: \_\_\_\_\_

Name(s) of person(s) reporting alleged incident(s) (*if not the alleged victim*):

\_\_\_\_\_  
\_\_\_\_\_

Student reporting wants to remain anonymous.

Date alleged incident(s) (*was*) (*were*) reported: \_\_\_\_\_

Date investigation started: \_\_\_\_\_

Name(s) of alleged victim(s): \_\_\_\_\_

Name(s) of alleged bully(ies): \_\_\_\_\_

Date(s) and time(s) of alleged incident(s): \_\_\_\_\_

Check as applicable:

Alleged bullying

Alleged cyberbullying

Did the alleged incident(s) occur: (*check all appropriate boxes*)

• On school property?

Yes

No

(If yes, name of District facility or campus: \_\_\_\_\_)

• At a school-sponsored or school-related activity, on or off school property?

Yes

No

• In a vehicle being used for transporting students to or from school, school-sponsored, or school-related activity?

Yes

No

Did the alleged incident(s) involve written or verbal expression, including electronic expression, which was delivered to school property or the site of a school-sponsored or school-related activity?

Yes

No

Specific location of alleged incident(s): \_\_\_\_\_

Is the alleged incident(s) recurring or first-time incident(s)? \_\_\_\_\_

Describe the alleged incident(s) as reported. *(Attach separate sheets if necessary.)*

---

---

---

---

Did the alleged incident(s) occur in the presence of any witnesses?

Yes

No

If yes, name(s) of witness or witnesses: \_\_\_\_\_

---

---

---

***[Attach any documents obtained during the course of the investigation (such as interview notes, witness statements, class schedules, materials to support cyberbullying, and the like).]***

Does the alleged incident(s) meet the definition of discrimination, prohibited harassment, dating violence, or retaliation as defined in FFH(LOCAL)?

Yes

No

If yes, refer to proper administrator under FFH(LOCAL).

Referred to \_\_\_\_\_ (administrator's name) on \_\_\_\_\_ (date).

***If the alleged incident was referred under FFH(LOCAL), no further action is needed on this form.***

Does the alleged incident(s) meet the definition of bullying in FFI(LEGAL)?

- Yes  
 No

If yes, did the victim(s) use reasonable self-defense?

- Yes  
 No

If the alleged incident(s) was not discrimination, prohibited harassment, dating violence, or retaliation and/or bullying, was it other improper conduct as defined by the Student Code of Conduct?

- Yes  
 No

If yes, referred for disciplinary action in accordance with the Student Code of Conduct or any other appropriate corrective action to \_\_\_\_\_ (administrator's name) on \_\_\_\_\_ (date).

***If alleged incident is considered other improper conduct, no further action is needed on this form.***

---

***For District's Internal Use Only***

If bullying has been confirmed:

- Notification provided to the parent or guardian of victim(s):  
Parent's or guardian's name(s): \_\_\_\_\_  
Date notification made: \_\_\_\_\_
- Notification provided to the parent or guardian of student(s) who engaged in bullying:  
Parent's or guardian's name(s): \_\_\_\_\_  
Date notification made: \_\_\_\_\_

***If notice of available counseling options was not provided at the time a student was interviewed, the District must still do so in accordance with local policy FFI.***

**Notification of available counseling options provided to:**

- Victim(s)  
Name: \_\_\_\_\_

- Student(s) who engaged in bullying

Name: \_\_\_\_\_

- Witness(es):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**District action:**

- Referred for discipline?

Yes

No

If yes, disciplinary action recommended:

\_\_\_\_\_

- Eligible for transfer?

Yes

No

If yes, who? \_\_\_\_\_ (*victim or student who engaged in bullying*)

- Recommendation for corrective action?

Yes

No

If yes, corrective action recommended:

\_\_\_\_\_

Date investigation completed: \_\_\_\_\_

Date investigation report submitted to Superintendent or designee: \_\_\_\_\_

Investigator's name (*if not the principal*)(*print*): \_\_\_\_\_

Investigator's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's name (*print*): \_\_\_\_\_

Principal's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Exhibit D— Notice of Available Counseling Options to Students Involved in Bullying Incidents

**Note to administrator:** The District is required by law to set out the available counseling options for a student who is a victim of or a witness to bullying or who engaged in bullying. [See FFI(LEGAL)] The principal or designee will notify the victim, the student who engaged in bullying, and any students who witnessed the bullying of available counseling options. [See FFI(LOCAL)]

Date: \_\_\_\_\_

You have been identified as a student who is a victim of bullying, a student who is a witness to bullying, or a student who engages in bullying.

***[List as many District and/or non-District counseling options as needed.]***

---

---

---

Sincerely,

\_\_\_\_\_  
*(Principal or designee)*

## Exhibit E— Web Text for Posting Procedures for Reporting Allegations of Bullying

---

**Note:** The following statement is intended to assist the District in meeting the legal requirement to post the District's bullying reporting procedures.

---

The District prohibits bullying, including cyberbullying:

- On school property;
- At school-sponsored or school-related activities on or off school property; or
- In any vehicle being used for transporting students to or from school or a school-sponsored or school-related activity.

Bullying may include physical conduct or verbal or written expression, including electronic expression, that was delivered to school property or to the site of a school-sponsored or school-related activity, or off school property or outside of a school-sponsored or school-related activity, if the cyberbullying interferes with a student's educational opportunities or substantially disrupts the orderly operation of a classroom, school, or school-sponsored or school-related activity.

Bullying is not tolerated by the District, and any student or parent of a student who believes that the student or another student has experienced bullying or that a student has engaged in bullying is encouraged to immediately report the incident. Retaliation against anyone involved in the reporting process is a violation of District policy and is prohibited.

Students or parents may report an alleged incident of bullying, orally or in writing, to a teacher, school counselor, principal, or other District employee. Students or parents may contact the District to obtain an Incident Report Form that may be used to submit the report. A student may report the incident anonymously.

Please note that after submission of the report to the District employee, the District will notify the parent of the alleged victim and the parent of the alleged bully. The District may assign the report to a campus administrator to follow up on the submitted report and any other important matters pertaining to the report. We encourage you to communicate with your designated campus administrator during this time.

More information about the District's bullying policy can be found at [Policy Code FFI – Student Welfare: Freedom from Bullying – Ector County ISD Board Policy Manual - Policy Online \(tasb.org\)](#) or the campus main office.