

Elementary School Bullying Prevention & Intervention Incident Reporting Form

Today's Date: ____ / ____ / ____

Person(s) Reporting: _____ Telephone: ____ - ____ - ____

Cell Phone: _____ - _____ - _____ E-Mail: _____

Check whether you are: Student Staff Member (specify role) _____
 Parent/Guardian Administration Other (specify) _____

Name of alleged Target(s): _____ Grade: _____

Name of alleged Aggressor: _____ Grade: _____

Date the incident occurred: ____ / ____ / ____ Time of incident: _____

Location (be specific): _____

Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Attach additional paper with description if more space is needed.

Is the alleged bullying or harassment on the basis of any of the following categories (real or perceived)?
Check all that apply

Sex including sexual harassment, gender-based harassment Sexual orientation
 Race, color or national origin Religion
 Disability

Witnesses (List people who saw the incident or have information about it)

Name: _____ () Student () Staff () Other _____

Name: _____ () Student () Staff () Other _____

Name: _____ () Student () Staff () Other _____

Signature of person filing this report _____ / _____ / _____
Date

Submit this form to building principal. Under law, this form can be completed anonymously except by school staff

Administrative Use Only

Form given to: _____ Date: ____/____/____

Investigator(s): _____

Position: _____ Principal _____ Dean of Students _____ SSC _____ SAC

Interviews:

____ Interviewed aggressor Name: _____ Date: ____/____/____

____ Interviewed target Name: _____ Date: ____/____/____

____ Interviewed witnesses Name: _____ Date: ____/____/____

Name: _____ Date: ____/____/____

Name: _____ Date: ____/____/____

Any prior documented incidents by the aggressor? _____ Yes _____ No

If yes, have the incidents involved target or target group previously? _____ Yes _____ No

Any previous incidents with findings of BULLYING, RETALIATION _____ Yes _____ No

Summary of Investigation: (attach additional information to document)

Conclusion of Investigation: Finding of Bullying or Retaliation _____ Yes _____ No

_____ Bullying _____ Retaliation

Incident documented as: _____

Discipline referral: _____

Forwarded to Special Ed. Coordinator on ____/____/____

Contacts:

_____ Target's Parent/Guardian Date: ____/____/____

_____ Aggressor's Parent/Guardian ____/____/____

_____ Law Enforcement ____/____/____

_____ School Adjustment Counselor ____/____/____

Action:

_____ Loss of Privileges _____ Detention # of days _____
_____ Educational Talk _____ JRC # of days _____
_____ In School Suspension # of days _____
_____ Out of School Suspension # of days _____
_____ CHINS filed

Safety Plan: _____ Yes _____ No _____ On File

Follow up with Target scheduled: _____ / _____ / _____ Initial when completed _____

Follow up with Aggressor scheduled _____ / _____ / _____ Initial when completed _____

Report given to Principal _____ / _____ / _____ Report Forwarded to Superintendent _____ / _____ / _____

Disposition shared with classroom teacher, if referral generated because of classroom behavior _____ / _____ / _____

Signature of Investigator: _____ Title: _____