

Under law, this form can be filled out anonymously except by school staff.

* Please fill out this form even if you are missing some of the information, for example, you may not know the name of a target

Drury High School Harassment & Bullying Prevention/Intervention Reporting Form

Name of Alleged Aggressor(s): _____

Name Alleged Target(s):

Date of Initial Report: _____ Date of Initial Incident: _____

Name of Person(s) Reporting: _____

Phone: _____ Cell: _____

Email: _____

Check: Student Parent/Guardian Administrator
 Staff [specify role] _____ Other [specify] _____

Location/Description of Incident: Be Specific

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 the incident)

Name: _____ Student Parent/Guardian Staff

Name: _____ Student Parent/Guardian Staff

Name: _____ Student Parent/Guardian Staff

Signature of Person Filing this Report _____ Date _____

Date Received by Dean of Students Office: _____

Please submit this form to Dean of Students' Office.

Investigator(s): _____
() Dean of Student () Dean of Curriculum () Principal

Interviewed Target Name: _____ Date: _____

Target's Impact Statement: _____

(Attach additional documents as needed)

Interviewed Witnesses: 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 with Harassment? () Yes () No
- Any previous incidents with findings with Bullying? () Yes () No
- Any previous incidents with findings with Retaliation? () Yes () No

Summary of Investigation: _____

Conclusion of Investigation/Incident Documented As:

() Bullying () Retaliation () Other [i.e. harassment, conflict] _____

Action: () Educational Talk () Warning () Detention () Ext. Det. () Sat. Det. () SI () SE
() Loss of Privileges () Other: _____

If a determination is made of bullying or retaliation, the following steps are required.

- Contacts: () Target's Parent/Guardian Date: _____
- () Aggressor's Parent/Guardian Date: _____
- () School Adjustment Counselor Date: _____
- () Law Enforcement Date: _____

Follow Up & Date:

- () Target Date: _____ Recommended Actions: _____
[i.e. Safety Plan with SAC, SSC check in]
- () Aggressor Date: _____ Recommended Actions: _____
[i.e. Safety Plan with SAC, SSC check in]

Investigator's Signature: _____ Date: _____

Principal Review Date & Signature: _____

Date Forwarded to Superintendent: _____

Disposition shared with referring teacher, if referral was made because of classroom behavior: _____