**APPENDIX A**

**BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM**

1. **Name of Reporter/Person Filing the Report:** ______________________________________
   *(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)*

2. **Check whether you are the:**
   - **Target of the behavior**  [ ]
   - **Reporter (not the target)**  [ ]

3. **Check whether you are a:**
   - [ ] Student
   - [ ] Staff member (specify role) ____________________________________________
   - [ ] Parent
   - [ ] Administrator
   - [ ] Other (specify) ____________________________________________

   **Your contact information/telephone number:** __________________________________

4. **Grade:** __________

5. __________________________________

6. **Information about the Incident:**
   - **Name of Target (of behavior):** ________________________________
   - **Name of Aggressor (Person who engaged in the behavior):** __________________
   - **Date(s) of Incident(s):** ____________________________________________
   - **Time When Incident(s) Occurred:** ________________________________
   - **Location of Incident(s) (Be as specific as possible):** __________________

7. **Witnesses** *(List people who saw the incident or have information about it):*
   - **Name:** ________________________________  [ ] Student  [ ] Staff  [ ] Other
   - **Name:** ________________________________  [ ] Student  [ ] Staff  [ ] Other
   - **Name:** ________________________________  [ ] Student  [ ] Staff  [ ] Other

8. **Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used).** Please use additional space on back if necessary.

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**FOR ADMINISTRATIVE USE ONLY**

9. **Signature of Person Filing this Report:** ______________________________________
   *(Note: Reports may be filed anonymously.)*
   **Date:** ______________

10. **Form Given to:** __________________________________
    **Position:** ______________________
    **Date:** ______________

    **Signature:** ______________________________________
    **Date Received:** ______________
APPENDIX A

II. INVESTIGATION

1. Investigator(s): __________________________ Position(s): __________________________

2. Interviews:
   □ Interviewed aggressor Name: __________________________ Date: __________________
   □ Interviewed target Name: __________________________ Date: __________________
   □ Interviewed witnesses Name: __________________________ Date: __________________
   Name: __________________________ Date: __________________

3. Any prior documented Incidents by the aggressor?  □ Yes  □ No
   If yes, have incidents involved target or target group previously?  □ Yes  □ No
   Any previous incidents with findings of BULLYING, RETALIATION  □ Yes  □ No

Summary of Investigation:

(Please use additional paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:
   □ YES  □ NO
   □ Bullying  □ Incident documented as __________________________
   □ Retaliation  □ Discipline referral only __________________________

2. Contacts:
   □ Target’s parent/guardian  Date: ____________  □ Aggressor’s parent/guardian  Date: ____________
   □ District Equity Coordinator (DEC)  Date: ____________  □ Law Enforcement  Date: ____________

3. Action Taken:
   □ Loss of Privileges  □ Detention  □ STEP referral  □ Suspension
   □ Community Service  □ Education  □ Other __________________________

4. Describe Safety Planning: __________________________

   Follow-up with Target: scheduled for __________________________ Initial and date when completed: ____________
   Follow-up with Aggressor: scheduled for __________________________ Initial and date when completed: ____________

Report forwarded to Principal: Date ____________ Report forwarded to Superintendent: Date ____________
(If principal was not the investigator)

Signature and Title: __________________________________________ Date: ____________