BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

	Name of Reporter/Person Filing the Report:	ilialy action will be taken ag	ainst an a	alleged aggress	sor solely on the			
2.	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. If student, state your school: Grade:								
	If staff member, state your school or work site: _							
6.	Information about the Incident:							
	Name of Target (of behavior):	Name of Target (of behavior):						
	Name of Aggressor (Person who engaged in the							
	Date(s) of Incident(s):							
	Time When Incident(s) Occurred:							
	Location of Incident(s) (Be as specific as poss	ible):						
7.	Witnesses (List people who saw the incident or have	e information about it):						
			Staff	Other				
	Name:	Student	Otan					
				Other				
	Name:	Student Student	Staff Staff	Other				
	Name:	Student Student	Staff Staff	Other				
	Name: Describe the details of the incident (including nand said, including specific words used). Please use	Student Student	Staff Staff , what or	Other				
an e	Name: Describe the details of the incident (including named said, including specific words used). Please use FOR ADMI Signature of Person Filing this Report:	Student Student mes of people involved, e additional space on b	Staff Staff , what or ack if no	Other	what each person did			
9.	Name: Describe the details of the incident (including named said, including specific words used). Please use FOR ADMI Signature of Person Filing this Report: (Note: Reports may be filed anonymously.)	Student Student mes of people involved, e additional space on b	Staff Staff , what or ack if no	Other	what each person did			
	Name: Describe the details of the incident (including named said, including specific words used). Please use FOR ADMI Signature of Person Filing this Report:	Student Student mes of people involved, e additional space on b INISTRATIVE USE ON Position:	Staff Staff , what or ack if no	Other	what each person did			
9. 10:	Name: Describe the details of the incident (including named said, including specific words used). Please use FOR ADMI Signature of Person Filing this Report: (Note: Reports may be filed anonymously.) Form Given to:	Student Student mes of people involved, e additional space on b INISTRATIVE USE ON Position:	Staff Staff , what or ack if no	Other	what each person did			

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	s involved target or ta	rget group previously?	□ Yes	□ No		
	Any previous incide	ULLYING, RETALIATION	□ Yes	□ No			
Su	mmary of Investigation:						
	(D)	1.00		1 1			
	•	•	and attach to this document a	is needed)			
III.	CONCLUSIONS FROM THE INVE	STIGATION					
1.	Finding of bullying or retaliation:						
	□ YES		□ NO				
	□ Bullying	□ Incident documented		d as			
	□ Retaliation		□ Discipline referral only				
2.	Contacts:						
	□ Target's parent/guardian	Date:	_ □ Aggressor's parent/g	uardian Dat	e:		
	□ District Equity Coordinate	or (DEC) Date:	□ Law Enforce	ement Date:			
3.	Action Taken:						
	□ Loss of Privileges □ De	tention 🗆 STEP refe	erral 🗆 Suspension				
	□ Community Service □ Ec	lucation Other					
4.	Describe Safety Planning:						
			Initial and date when completed:				
				Initial and date when completed:			
	ap 199.000011						
Report forwarded to Principal: Date(If principal was not the investigator)		Report forwarded to Superintendent: Date					
	(ii piirioipai wao not tilo iiivoot	.ga.(0) /					
	Signature and Title:			Da	te:		