

SVCMS
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

Part I. Reporting

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. **If student, state your school:** _____ **Grade:** _____

5. **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): _____

6. **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.**

FOR ADMINISTRATIVE USE ONLY

9. **Signature of Person Filing this Report:** _____ **Date:** _____

(Note: Reports may be filed anonymously.)

10: **Form Given to:** _____ **Position:** _____ **Date:** _____

Signature:

Date Received:

Part 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 Outside referral Partial-day Suspension or Suspension
- Community Service Other (parent meeting, etc) _____

4. Describe Safety Planning: _____

- Mediation between Aggressor and Target** _____ **Initial and date when completed:** _____
- 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 Head of School: Date _____
(If Head of School was not the investigator)

Signature and Title: _____ **Date:** _____