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

7. 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: ____________________________ 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: ______________