

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. If student, state your school: _____ Grade: _____ 5. If staff member, state your school or work site: _____

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):

HOLY NAME PARISH SCHOOL

Name: _____ Name: _____

_____ Name: _____

Student # Staff # Other _____ # Student # Staff # Other _____

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.) APPENDIX A 10: Form Given to:

_____ Position: _____ Date: _____

Signature: _____ Date Received: _____

II. INVESTIGATION 1. Investigator(s): _____

Position(s): _____ 2. Interviews:

3.

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

Yes

Interviewed aggressor Interviewed target Interviewed witnesses

Name: _____ Date: _____ Name: _____

_____ Date: _____ Name: _____

_____ Date: _____ Name: _____

_____ Date: _____

Summary of Investigation:

III. CONCLUSIONS FROM THE INVESTIGATION 1. Finding of bullying or retaliation:

Bullying

Retaliation 2. Contacts:

District Equity Coordinator (DEC) 3. Action Taken:

Loss of Privileges Detention

Date: _____ Law Enforcement Date: _____

STEP referral Suspension Other _____

YES

NO Incident documented as _____
 Discipline referral only _____ **Aggressor's parent/guardian** **Date:** _____

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

Target's parent/guardian Date: _____

Community Service **Education 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 _____

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

No **No**