

St. Mary's Central High School

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):

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: _____

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:

YES

NO

Bullying

Retaliation

Incident documented as _____

Discipline referral only _____

2. Contacts:

Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____

School Counselor Date: _____ Law Enforcement Date: _____

3. Action Taken:

Loss of Privileges Detention 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: _____