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/Guardian __________ 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 sheets of paper if necessary and attach them to this document.

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: ______________________________
INCIDENT REPORTING FORM (continued)

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 sheets of 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: ________________
   - [ ] Catholic Schools Office 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 ________________
(If principal was not the investigator)

Signature and Title: ___________________________ Date: ________________