

WCSD BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

I. Background Information

1. Name of Reporter/Person Filing the Report: _____

2. Check whether you are the: Target/Victim of the behavior Reporter (not the target/victim)

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: _____

6. Information about the incident:

Name of Target/Victim (of behavior): _____

Name of Aggressor/Perpetrator (Person who is 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/ Bystanders (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 the back if necessary.

9. Signature of Person Filling out this Report: _____ Date: _____

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

FOR ADMINISTRATIVE USE ONLY

Signature of administrator receiving this form: _____ Date received: _____

I. INVESTIGATION

1. Investigator (s) : _____

2. Interviewer(s):_____

(Form 1) Interviewed Victim/Target: Name: _____ Date: _____

Name: _____ Date: _____

(Form 2) Interviewed witnesses/Bystanders Name: _____ Date: _____

Name: _____ Date: _____

(Form 3) Interviewed aggressor/Perpetrator 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)

II. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation: Yes No

If yes:

If no:

Bullying (_race _color _weight _national origin Incident documented as _____
_sexual orientation _ethnic group _religion
_religious practices _disability _gender _sex not sure)

Retaliation Discipline referral only

2. Follow Up Contact:

Target/ Victim's Parent or Guardian Date: _____ Aggressor's Parent/Guardian Date: _____

Dignity Act Coordinator (DAC) Date: _____ Law Enforcement Date: _____

3. Action Taken If Applicable:

Follow-up with Target/Victim: scheduled for _____ Initial and Date when completed: _____

Follow-up with Aggressor/Perpetrator: scheduled for _____ Initial and Date when completed: _____

Report forwarded to Principal: *Date _____ *Report forwarded to building DASA Coordinator Date: _____

(If principal was not the investigator)

Signature and Title of Investigator: _____

****ATTACH COPIES OF FORMS 1, 2, 3 AND ANY ADDITIONAL NOTES****

Note: All school employees must report (verbally) any incident within 24hrs and complete this written report within 48hrs per school policy.