

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: _____

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

FOR ADMINISTRATIVE USE ONLY

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

Part II of II

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:

II. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation: Yes No

If yes: _____

If no: _____

Bullying (_race _color _weight _national origin
_sexual orientation _ethnic group _religion
_religious practices _disability _gender _sex _not sure)

Incident documented as _____

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 DASA Coordinator Date: _____

Signature and Title of Investigator _____