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)
   ☐ Retaliation  ☐ Discipline referral only

2. Follow Up Contact:
   ☐ Target/ Victim’s Parent or 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 __________________________________________________________