

SALEM PUBLIC SCHOOLS

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 Alleged 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.

9. Signature of Person Filing this Report: _____ Date: _____
(Note: Reports may be filed anonymously.)

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

APPENDIX A

FOR ADMINISTRATIVE USE ONLY

II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____
2. Interviews:
- | | | |
|--|-------------|-------------|
| <input type="checkbox"/> Interviewed aggressor | Name: _____ | Date: _____ |
| <input type="checkbox"/> Interviewed target | Name: _____ | Date: _____ |
| <input type="checkbox"/> 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 paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Incident documented as _____ |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Discipline referral only _____ |
2. Contacts:
- | | | | |
|--|-------------|--|-------------|
| <input type="checkbox"/> Target's parent/guardian | Date: _____ | <input type="checkbox"/> Aggressor's parent/guardian | Date: _____ |
| <input type="checkbox"/> District Equity Coordinator (DEC) | Date: _____ | <input type="checkbox"/> Law Enforcement | Date: _____ |
3. Action Taken:
- | | | | |
|---|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Detention | <input type="checkbox"/> STEP referral | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Education | <input type="checkbox"/> 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: _____