Arlington Catholic High School

Bullying Prevention and Intervention Incident Reporting Form

I. INCIDENT REPORT

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)

Check whether you are the: □ Target of the behavior □ Reporter ~ not the target □

Check whether you are a: □ Student □ Staff member (specify role) □ Parent □ Administrator □ Other (specify): __________

Your contact information/telephone number: ________________________________

If student, state your school: ___________________________ Grade: __________

If staff member, state your school or work site: ________________________________

Information about the Incident:

Name of Target (of behavior): ________________________________

Name of Aggressor (Person who engaged in the behavior): ________________________________

Date(s) of Incidents(s): ________________________________

Time When Incidents(s) Occurred: ________________________________

Location of Incident(s) (Be as specific as possible): ________________________________

Witnesses (List people who saw the incident or have information about it):

Name: ___________________________ Student Staff Other: __________

Name: ___________________________ Student Staff Other: __________

Name: ___________________________ Student Staff Other: __________

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.

FOR ADMINISTRATIVE USE ONLY

Signature of Person Filing this Report: ___________________________ Date: __________

(Note: Reports may be filed anonymously.)

Form Given to: ___________________________ Position: ___________________________ Date: __________

Signature: ___________________________ Date Received: ___________________________
II. INVESTIGATION

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 paper and attach to this document as needed)

(If principal was not the investigator)

III. CONCLUSION FROM THE INVESTIGATION

1. Finding of bulling or retaliation;

☐ YES  ☐ NO

☐ Bullying  Incident documented as: ___________________________
☐ Retaliation  Discipline referral only: ___________________________

2. Contacts:

☐ Target’s parent/guardian  Date: ____________  ☐ Aggressor’s parent/guardian  Date: ____________
☐ District’s Equity Coordinator(DEC)  Date: ____________  ☐ Law Enforcement  Date: ____________

3. Action Taken:

☐ Loss of Privileges  ☐ Detention  ☐ STEP 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 ____________ Report forwarded to Superintendent: Date ____________

Signature and Title: ___________________________ Date: ____________