

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 Incident(s): _____

Time When Incident(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: _____

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II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____

2. Interviews

- Interviewed aggressor Name: _____ Date: _____
- Interviewed target Name: _____ Date: _____
- Interviewed witnesses Name: _____ Date: _____
- 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. CONCLUSION FROM THE INVESTIGATION

1. Finding of bullying 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:

_____ Fo

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: _____