BULLYING INVESTIGATION FORM

Date the alleged incident was reported: _____________

Name of person investigating alleged incident(s): ____________________________

Position/title of investigator: _____________________________________________

Name of complainant/person reporting bullying incident(s): _______________________

Complainant/reporter is (circle one): Student    Parent    School employee
Coach/advisor    Volunteer    Other ________

Name(s) of alleged target(s): _____________________________________________

Name(s) of alleged bully(ies): _____________________________________________

Name(s) of potential witnesses: ___________________________________________

Did the alleged incident(s) occur (check one or more):
_____ on school property (including a school bus)
_____ at a school sponsored activity
_____ through use of technology
_____ elsewhere

Time and location(s) of incident(s): ____________________________________________

Does the targeted student have an IEP?  _____Yes   ____No (If yes, refer to plan)

Does the targeted student have a 504 plan? ___Yes  ___No (If yes, refer to plan)

Is the targeted student in the referral process for either?  ___Yes  ___No
(If yes, specify) _______________________________________________________

If the targeted student receives special services, when were the Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: ___________________________________ Date: _________________

Does the alleged bully have an IEP?  ___Yes  ___No (If yes, refer to plan)

Does the alleged bully have a 504 plan?  ___Yes  ___No (If yes, refer to plan)

Is the alleged bully in the referral process for either?  ___Yes  ___No
(If yes, specify) _______________________________________________________

If the alleged bully receives special services, when were the Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: ______________________ Date: __________________

Do the school unit’s records show prior reports of alleged or substantiated incidents of bullying involving the alleged target or alleged bully? If so, describe the incident(s) and outcome(s): _______________________________
Meeting/interview of student who believes he/she has been bullied, description of alleged incident(s), date(s), and Detail(s):

Communications with parent(s) of student who believes he/she has been bullied (date sand details):

Meeting/interview of alleged bully (bullies) (dates and details):

Communications with parent(s) of alleged bully (bullies) (dates and details):

Meeting/interview of persons identified as witnesses (dates and summary of information provided):

Further evidence of bullying examined (video, photos, email, letters, etc.):

Measures taken pending conclusion of the investigation to ensure the safety of the student who believes he/she has been bullies:

Safety measures communicated to the parent(S) of the student who believes he/she has been bullied (dates and details):

Is the alleged bullying substantiated, i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy?  ___Yes  ___  No

Nature of harm incurred:
   ___Physical harm to student or damage to student’s property
   ___Student’s reasonable fear of physical harm or damage to property
   ___Hostile educational environment
   ___Infringement of student’s rights at school

Conduct resulting in harm (in item above) is on the basis of:

   ___National origin/ancestry/ethnicity
   ___Religion
   ___Physical, mental, emotional or learning disability
   ___Sexual orientation
   ___Gender/gender identity/expression
   ___Age
   ___Socioeconomic status
   ___Family status
   ___Physical appearance
   ___Weight
   ___Other distinguishing personal characteristics
Summary of investigation/Explanation of findings:


Recommended disposition:

Disciplinary action – alternative discipline:
Disciplinary action – suspension (in-school, out-of-school):
Expulsion (recommended for expulsion):

Recommendations for support services:
  Counseling/referral to services (targeted student):
  Counseling/referral to services (bully):

Recommendation of report to law enforcement?  ___Yes  ___ No
  ___ Potential criminal violation
  ___ Potential civil rights violation

Recommendations in other substantiated bullying situations:

If bully is school employee or administrator, recommendation for action to be taken by the Superintendent (any action must be consistent with collective bargaining agreement or individual contract):

If bullying is by another adult person associated with the school (e.g. volunteer, visitor, or contractor):

If bullying involves a school-affiliated organization:

Signature of investigator:

If investigator is not building principal, copy to principal on [_________]  
Date

Copy to Superintendent on [_________]}  
Date

Approved: 2/27/17