### BULLYING INCIDENT REPORT FORM (STUDENT)

Student name (if you wish to provide it):	
Date:	
Details of the incident(s):	
Name of the student(s) the incident happen	ed to:
Name(s) of student(s) causing the problem	(s):
Date the incident happened:	
Time the incident happened:	
Where did the incident happen:	
Name(s) of anyone else who knows about v	vhat happened:
NA/bet began and all (Attended and Attended	Parada IV
What happened? (Attach additional pages if	needed)
Student Signature (optional)	Date
Received by	

### BULLYING INCIDENT REPORT FORM (ADULT)

Contact Information
Name:
Home address:
Work address (if applicable):
Home phone: Mobile phone:
E-mail address:
Name(s) of alleged offender:
Name(s) of alleged victim:
Describe your relationship to alleged victim(s)/offender(s):
Date(s) of alleged incident:
Time(s) of alleged incident:
Location(s) of alleged incident(s):
List any witness(es):
Describe the incident(s) as clearly as possible, including such things as: what force or physical contact, if any, was used; any verbal statements such as threats, requests, or demands; and any electronic methods, including e-mail, social media, and the like. (Attach additional pages if more space is needed):

of my knowledge and belief.	i I have provided is true, correct, and complete to the b
Signature	Date
Received by	Date

#### **BULLYING INVESTIGATION REPORT**

(This form should be used to assist the investigator while conducting an investigation. It may also be used to document an oral report of an alleged bullying incident.)

•		
Name of	person	investigating alleged incident:
Name(s)	of perso	on(s) reporting alleged incident(s) (if not the alleged victim);
Date alle	ged inci	dent(s) was (were) reported:
Date inve	estigatio	n started:
Name(s)	of alleg	ed victim(s):
		ed bully(ies):
		(s) of alleged incident(s):
Did the a	lleged ir	ncident(s) occur:
On	school p	property?
	Yes	□ No
At a	school-	-sponsored or school-related activity?
	Yes	□ No
In a	vehicle	operated by the District?
	Yes	□ No
Specific l	ocation	of alleged incident(s):
ls (Are) th	ne allege	ed incident(s) recurring or first-time incident(s)?
Describe	the alle	ged incident(s) as reported (attach separate sheets if necessary):

Did	the alleged incident(s) occur in the presence of a witness or witnesses?  Yes □ No
If ye	es, name(s) of witness or witnesses:
_	
-	ach any documents obtained during the course of the investigation (e.g., interview notes, ness statements, class schedules, materials to support cyber bullying, and the like.)]
1.	Do(es) the alleged incident(s) meet the definition of discrimination, prohibited harassment, dating violence, or retaliation as defined in FFH(LOCAL)?
	☐ Yes ☐ No
	If yes, refer to proper administrator under FFH(LOCAL).
	Referred to: (administrator name) on (date).
	lleged incident was referred under FFH(LOCAL), no further action is needed on form.)
2.	Do(es) the alleged incident(s) meet the definition of bullying?
	□ Yes □ No
	If yes, did the victim(s) use reasonable self-defense? ☐ Yes ☐ No
3.	If the alleged incident(s) was not discrimination, prohibited harassment, dating violence, or retaliation and/or bullying, was it other improper conduct as defined by the Student Code of Conduct?
	□ Yes □ No
	If yes:

Ш	any other appropriate corrective action to (admin name) on (date).	
(If allego form.)	ed incident is considered improper conduct, no further action is need	ded on this
If bullyin	g has been confirmed:	
	Notification provided to parents of victim(s):	
	Parent Name(s): Date Notification Made: _	
	Notification provided to parents of student(s) who engaged in bullying:	
	Parent Name(s): Date Notification Made; _	
•	e of available counseling options was not provided at the time a stud wed, the District must still do so in accordance with local policy FFI.)	
N	Notification of available counseling options provided to:	
	Victim(s)	
	Name:	
	Student(s) who engaged in bullying	
	Name:	
	Witness(es):	
	Name:	
	Name:	
	Name:	
D	District Action:	
	Referred for Discipline	
	□ Yes □ No	
	If yes, disciplinary action recommended:	
	Eligible for transfer?	
	□ Yes □ No	12

	If yes, who?	(victim) or (student who engaged in bullying
	Recommendation for corrective ac	ction?
	□ Yes □ No	
	If yes, corrective action recommer	nded:
Date investig	ation completed:	
Date Investig	ation Report submitted to Superinte	ndent or designee:
Investigator's	s name (if not the principal):	
Signature:	e	Date:
Principal's na	ame:	
Signature:		Date:

#### AVAILABLE COUNSELING OPTIONS

Date	<b>:</b>	
	ccordance with Texas Education Code Section 37.0832(c)(5), the following is options:	a list of coun-
1.		
2.		
3.		

(List as many District and/or non-District counseling options as needed.)