

Bullying Report Form

Instructions

Complete the form below with as much information as possible. If you need assistance completing this form, contact the district's bullying coordinator, Kenny Guthrie. Return the completed form to the superintendent's office.

Anonymous reports will be investigated to the best of the district's ability, but full information allows the district to conduct a more thorough inquiry. No individual will be retaliated against for filing a good faith bullying report.

Individual Making the Report

Name: _____ Report Date: _____
School: _____ Grade / Job Title: _____
Contact Numbers: _____

Incident Information:

Date of Incident: _____ Time: _____
Location of Incident: _____
Describe Incident: *Use additional pages as necessary, and attach any relevant documents*

Other Witnesses: _____

The information in this report is true and correct to the best of my knowledge. I understand that the district will not tolerate retaliation for filing a good-faith report of bullying. I also understand that if I knowingly file a false report of bullying, I may face disciplinary consequences.

Reporter's Signature

Date

Investigation Report

Investigator: _____
Date report received: _____

Position/Title: _____
Date investigation begun: _____

Required Notifications

Date target's parent notified of a report received: _____	Method: _____
Date target's parent notified of completed inquiry: _____	Method: _____
Date bully's parent notified of a substantiated report: _____	Method: _____
Date reported to district's bullying coordinator: _____	Method: _____
Date reported to law enforcement, if applicable: _____	Method: _____

Investigation Process

Individuals interviewed: (attach additional pages if needed)

Name: _____ Date: _____
Interview summary: _____

Name: _____ Date: _____
Interview summary: _____

Name: _____ Date: _____
Interview summary: _____

Name: _____ Date: _____
Interview summary: _____

Name: _____ Date: _____
Interview summary: _____

Documents reviewed: (attach additional pages if needed)

Note: attach copies of all documents reviewed, including witness statements.

Document:	_____	Date:	_____
Document:	_____	Date:	_____
Document:	_____	Date:	_____
Document:	_____	Date:	_____
Document:	_____	Date:	_____
Document:	_____	Date:	_____
Document:	_____	Date:	_____

Conclusions reached:

Actions taken:

Signature of Investigator

Date