BELMONT PUBLIC SCHOOLS

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. 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.)

2. Check whether you are the:   Target of the behavior   Reporter (not the target)

3. Check whether you are a:       Student       Staff member (specify role) _______________________
   □ Parent □ Administrator □ Other (specify) ______________________________________________

   Your contact information/telephone number: ________________________________________________

4. If student, state your school: _____________________________________________ Grade: _______

5. If staff member, state your school or work site: ______________________________________________

6. 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): _____________________________________________

7. Witnesses (List people who saw the incident or have information about it):
   Name: _________________________________________ Student Staff Other ______________________
   Name: _________________________________________ Student Staff Other ______________________
   Name: _________________________________________ Student Staff Other ______________________

8. 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

9. Signature of Person Filing this Report: ___________________________________________ Date: __________
   (Note: Reports may be filed anonymously.)

10. 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: ____________

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. CONCLUSIONS 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 Equity Coordinator (DEC) Date: ____________ □ Law Enforcement Date: ____________

3. Action Taken:
   □ Loss of Privileges □ Detention □ 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________________
(If principal was not the investigator)

Signature and Title: __________________________________________ Date: __________________