



APPENDIX A

HCCPS BULLYING PREVENTION AND INTERVENTION INCIDENT REPORT 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 classroom: _____
Grade: _____

5. If staff member, state your position:

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.

9. Signature of Person Filing this Report: _____ Date: _____

(Note: Reports may be filed anonymously.)

10: Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____

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 Name: _____ Date: _____
- Aggressor's parent/guardian Name: _____ 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: _____

Signature and Title: _____ Date: _____