



Bullying Investigation Form (to be used by designated school staff taking a report.)

Today's Date:		Incident Date:	What Happened?
Investigator:		Incident Time:	
Position:		Incident Location:	

Who Reported the Incident?	Relationship to the Student	Contact Information	Adult at School the Student is Comfortable With

Students Accused of Behavior	Age	Grade	School	Date Interviewed	Notes

Guardians/Parents of Persons Accused of the Behavior	Date Interviewed	Notes

Students Who May Have Received the Behavior	Age	Grade	School	Date Interviewed	Notes

Guardians/Parents of Persons Who May Have Received the Behavior	Date Interviewed	Notes

Witnesses/Bystanders	Age	Grade	School	Date Interviewed	Notes

OVER

Please Check the Box or Boxes Below That Best Describe What Happened (choose all that apply)

<input type="checkbox"/>	Teasing/Taunting	<input type="checkbox"/>	Physical Violence	<input type="checkbox"/>	Intimidation	<input type="checkbox"/>	Aggression Encouraged by Others
<input type="checkbox"/>	Hurtful Remarks or Actions	<input type="checkbox"/>	Humiliation	<input type="checkbox"/>	Stalking	<input type="checkbox"/>	Rumors or Spreading Lies
<input type="checkbox"/>	Intentionally Excluding From Group	<input type="checkbox"/>	Cyberbullying	<input type="checkbox"/>	Theft	<input type="checkbox"/>	Getting Back at Someone
<input type="checkbox"/>	Ruining Clothing/Other Property	<input type="checkbox"/>	Threatening	<input type="checkbox"/>	Taking Money or Personal Items	<input type="checkbox"/>	Other

SUMMARY OF INVESTIGATION

Did a Physical Injury Result?	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES (but it did not require medical attention)
				<input type="checkbox"/>	YES (and it required medical attention)
Any Prior Documented Incident by the Aggressors?	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
If YES, Have Incidents Involved Targets or Target Groups Previously?	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Any Previous Incident with Findings of Bullying/Retaliation?	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Considering the Definition of Bullying (unfair, one-sided, power imbalance, repeated), Would You Consider the Reported Incident "Bullying"?	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES

CONCLUSIONS FROM THE INVESTIGATION

Finding of Bullying?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	Retaliation?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
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CONTACTS MADE AFTER INVESTIGATION CONCLUSION

<input type="checkbox"/>	Students Involved	Date:
<input type="checkbox"/>	Parents/Guardians	Date:
<input type="checkbox"/>	Person Who Made Initial Report	Date:
<input type="checkbox"/>	Law Enforcement	Date:
<input type="checkbox"/>	Other	Date:

NOTES

ACTIONS TAKEN

<input type="checkbox"/>	Loss of Privileges	<input type="checkbox"/>	Detention	<input type="checkbox"/>	Suspension	<input type="checkbox"/>	Agency Referral:
<input type="checkbox"/>	Community Service	<input type="checkbox"/>	Education	<input type="checkbox"/>	Other:		

SUPPORT PLAN (please attach)

<input type="checkbox"/>	Follow up with Students	Date:
<input type="checkbox"/>	Follow up with Parents/Guardians	Date:

NOTES