

### WCSD BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

**I. Background Information**

1. Name of Reporter/Person Filing the Report: \_\_\_\_\_

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

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: \_\_\_\_\_

**6. Information about the incident:**

Name of Target/Victim (of behavior): \_\_\_\_\_

Name of Aggressor/Perpetrator (Person who is 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/ Bystanders** (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 the back if necessary.**

9. Signature of Person Filling out this Report: \_\_\_\_\_ Date: \_\_\_\_\_

10. Form Given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

Signature of administrator receiving this form: \_\_\_\_\_ Date received: \_\_\_\_\_

**I. INVESTIGATION**

1. Investigator (s) : \_\_\_\_\_

2. Interviewer(s): \_\_\_\_\_

(Form 1)  Interviewed Victim/Target: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Form 2)  Interviewed witnesses/Bystanders Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Form 3)  Interviewed aggressor/Perpetrator 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)

**II. CONCLUSIONS FROM THE INVESTIGATION**

1. Finding of bullying or retaliation:  Yes  No

If yes:

If no:

Bullying ( \_race \_color \_weight \_national origin  Incident documented as \_\_\_\_\_  
\_sexual orientation \_ethnic group \_religion  
\_religious practices \_disability \_gender \_sex not sure)  
 Retaliation  Discipline referral only

2. Follow Up Contact:

Target/ Victim's Parent or Guardian Date: \_\_\_\_\_  Aggressor's Parent/Guardian Date: \_\_\_\_\_

Dignity Act Coordinator (DAC) Date: \_\_\_\_\_  Law Enforcement Date: \_\_\_\_\_

3. Action Taken If Applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up with Target/Victim: scheduled for \_\_\_\_\_ Initial and Date when completed: \_\_\_\_\_

Follow-up with Aggressor/Perpetrator: scheduled for \_\_\_\_\_ Initial and Date when completed: \_\_\_\_\_

Report forwarded to Principal: \*Date \_\_\_\_\_ \*Report forwarded to building DASA Coordinator Date: \_\_\_\_\_

(If principal was not the investigator)

Signature and Title of Investigator: \_\_\_\_\_

**\*\*ATTACH COPIES OF FORMS 1, 2, 3 AND ANY ADDITIONAL NOTES\*\***

Note: All school employees must report (verbally) any incident within 24hrs and complete this written report within 48hrs per school policy.