

Franklin County Technical School Bullying Prevention and Intervention Reporting Form

I: Incident Report (Information)

1. Name of Reporter Filling 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. Name of person who is a target of an aggressor: _____

3. Name of school: _____

4. Location where incidents have occurred: _____

5. Name of Aggressor (Person who engaged in the behavior): _____

6. Date of incidents: _____ 7. Time when the incidents occurred: _____

8. Location of incidents (Be as specific as possible): _____

9. Witnesses (list people who saw the incident or have information about it):

Name: _____ Student Staff Other: _____

Name: _____ Student Staff Other: _____

Name: _____ Student Staff Other: _____

10. Describe the details of the incident (Including the name 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

11. Signature of person filling this report: _____ Date: _____

12. Form given to: _____ Position: _____ Date: _____

II. INVESTIGATION

Date Received: _____

1. Investigator(s): _____ Position(s): _____

2. Interviews:

- Interviewed aggressor Name: _____ Date: _____
- Interviewed target Name: _____ Date: _____
- Interviewed witnesses Name: _____ Date: _____

3. Any prior documented incidents by the aggressor? Yes No
If yes, have incidents involved target? 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. CONCLUSION FROM THE INVESTIGATION

1. Finding of bullying or retaliation:

Yes

No

Bullying

Retaliation

Incident documented as _____

Discipline referral only _____

2. Contacts:

Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____

District Title IX Coordinator Date: _____ Law Enforcement Date: _____

3. Action Taken:

Loss of Privileges Detention STEP referral Suspension

Community Service Education Other _____

4. Describe Safety Planning: _____

Follow-up with target: scheduled for _____ initial & date when completed: _____

Follow-up with aggressor: scheduled for _____ initial & date when completed: _____

Report forwarded to Principal: Date _____ Report forwarded to Superintendent: Date _____

Signature and Title: _____ Date: _____