

Solomon Lutheran School

Anti-Harassment, Anti-Intimidation, and Anti-Bullying Incident Reporting Form

Today's Date: _____

Targeted student: _____

Reporting person (optional): _____

Your email address (optional): _____

Your phone number (optional): _____

Name of any school adult's/teachers already contacted (if any):

Name(s) of alleged bully(ies):

Dates that the incidents happened:

Where did the incidents happen? Circle all that apply.

Classroom Hallway Restroom Playground Lunchroom Parking lot

School bus Internet Cell phone During a school activity

On the way to/from school Off school property

Other (please describe):

Please check the box(es) that best describe what the alleged bully did. Choose all that apply.

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name calling, making critical remarks or threatening in person, by phone, by computer
- Putting the student "down" and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Making the student fearful, demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (use of texting, emailing, web posting etc. to accomplish any of the above.
- Other (please describe)

Why do you feel the harassment, intimidation or bullying occurred?

Witnesses (List people who saw the incident or have information about it):

- | | | | |
|-------------|----------------------------------|--------------------------------|--------------------------------|
| Name: _____ | <input type="checkbox"/> Student | <input type="checkbox"/> Staff | <input type="checkbox"/> Other |
| Name: _____ | <input type="checkbox"/> Student | <input type="checkbox"/> Staff | <input type="checkbox"/> Other |
| Name: _____ | <input type="checkbox"/> Student | <input type="checkbox"/> Staff | <input type="checkbox"/> Other |
| Name: _____ | <input type="checkbox"/> Student | <input type="checkbox"/> Staff | <input type="checkbox"/> Other |
| Name: _____ | <input type="checkbox"/> Student | <input type="checkbox"/> Staff | <input type="checkbox"/> Other |
| Name: _____ | <input type="checkbox"/> Student | <input type="checkbox"/> Staff | <input type="checkbox"/> Other |

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

Form Given to: _____ Position: _____

Date Received: _____

Signature: _____

INVESTIGATION

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 or target group previously? Yes No

Any previous incidents with findings of BULLYING, RETALIATION Yes No

Summary of Investigation:

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 Name: _____ 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: (If principal was not the investigator)

Date _____

Signature and Title: _____ Date: _____