

A student, parent or guardian, or staff member may file an incident report of harassment, intimidation, or bullying pursuant to DASA regulations and school policy. This report must be completed to file a complaint relating to an incident of alleged bullying (which encompasses bullying, intimidation, harassment, and/or discrimination) and turned in to the school Principal.

Name of Person Filing the Report: _____ **Date of Report:** _____
(Note: Reports may be made anonymously)

You are the: ___ Target of the behavior ___ Reporter (Not the target)

You are a(n): ___ student ___ parent ___ staff member ___ Administrator ___ Other: ___

Contact Information: Phone Number _____

Information about the Incident:

Name of **Target(s)** (of behavior): _____

Name of **Aggressor(s)** (Person who engaged in the behavior):

Date(s) of Incident(s): _____

Have you reported the incident to anyone else?

If yes, who: _____

Is this the first time this has happened? _____

If not, how many times has this happened before? _____

Location of Incident:

___ On School Premises: Classroom
Specify

___ Off School Premises (school function)

___ On School Transportation

___ During the school day ___ Time

___ Outside the school day (cyberbullying)

Please provide a detailed description of the incident. Please include names of witnesses, what occurred, and any evidence of harassment or bullying (i.e. letters, photos, snaps, tweets, text messages, facebook printouts, etc.). Attach additional sheets as necessary.

Additional information about previous incidents or threats:

I agree that the information on this form is accurate and true to the best of my knowledge:

Signature of Complainant _____

Date: _____

Date Received: _____

___ Unsubstantiated Report (No Action Taken)

___ Substantiated Report (Action Taken)

FOR OFFICE USE ONLY

Investigator: _____ Date of investigation: _____

Interviews:

__ Interviewed target Name _____ Date _____

__ Interviewed aggressor Name _____ Date _____

__ Interviewed witnesses Name(s) _____ Date _____

Name(s) _____ Date _____

Any prior documented incidents by the aggressor? Involving target?

Any previous incidents with findings of bullying or retaliation?

Summary/Additional Information

Conclusions

This incident involved bullying:

If Yes, indicate the nature of the incident:

__ Racism __ Weight __ Ethnicity __ Color __ Religion __ Sexual Orientation

__ Religious Practice __ National Origin __ Disability __ Gender __ Other

Action Taken:

Restorative:

__ Mediation __ Circle __ Counseling __ Other: _____

Punitive:

__ No Disciplinary Action __ Loss of Privileges __ Detention __ ALE (ISS)

__ Suspension __ Other: _____

Safety Planning:

Follow-up with Target Scheduled for: _____ Initial and Date when complete: _____

Follow-up with Aggressor(s) Scheduled for: _____ Initial and Date when complete: _____

__ Report forwarded to Principal (if applicable) Date _____

__ Report forwarded to Superintendent (if applicable) Date _____

Signature of Investigator _____ Date _____