

BISD Bully Prevention and Incident Report/Investigations

Reporter Information

Person Filling the Report: Today's Date:

Contact Email: Contact Phone Number:

Are you: Target of behavior witnessed the behavior parent/guardian staff

Who was involved?

Name of the target of bullying: Target's grade level:

Name of the alleged bully: Alleged bully's grade level:

When did the incident happen?

Date of the bully incident: Time of the bully incident:

Where did the incident happen?

What campus did the bullying incident occur on?

Where did the bully incident take place?

- Bus Playground/Common area Classroom Library
 Cafeteria Hallway Restroom Gym/athletic field
 Locker Room Social Media, text message, telephone at/during school or school related event
 Other

What happened during the incident?

What did the alleged bully do to the victim?

Who else has information about the incident?

Witnesses (list people who saw or have information about the incident(s))

Name: Student/staff/parent underline one

Name: Student/staff/parent underline one

Name: Student/staff/parent underline one

The information provided above is true and accurate to the best of my knowledge.

Signature of the Person Filing the Report: Date:

Note: Reports may be filed anonymously)

FOR ADMINISTRATIVE USE

Form Given to: Position: Date:
Signature: Date:

II. INVESTIGATION:

Date received

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

2. Interviews:

a. Interviewed aggressor: Name:

Date:

b. Interviewed target: Name:

Date:

c. Interviewed witnesses: Name:

Date:

3. Any prior documented incidents by the aggressor?

4. If yes, have incidents involved the target or target group previously?

5. Any previous incidents with findings of BULLYING, RETALIATION, or HARASSMENT?

SUMMARY OF INVESTIGATION:

(Please use additional paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. This is an incident of bullying yes no

- Bullying
- Retaliation
- Harassment

Incident documented as:

2. Contacted:

- | | | |
|--|----------------------------|--------------------------------------|
| <input type="checkbox"/> Target's parent /guardian | Date: <input type="text"/> | Contact Method: <input type="text"/> |
| <input type="checkbox"/> Aggressor's parent/guardian | Date: <input type="text"/> | Contact Method: <input type="text"/> |
| <input type="checkbox"/> District Coordinator | Date: <input type="text"/> | Contact Method: <input type="text"/> |

3. Action Taken

- | | | |
|---|---|---|
| <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Lunch detention | <input type="checkbox"/> After school detention |
| <input type="checkbox"/> ISS | <input type="checkbox"/> Suspension | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Education/Counseling | <input type="checkbox"/> TSSC sexting, bullying, cyber bullying online training | |

Other

4. Describe Safety Planning:

Referral to Counselor:

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: Date (If principal was not the investigator)

Report forwarded to Superintendent/Designee: Date

Signature and Title:

Date: