APPENDIX A

HCCPS BULLYING PREVENTION AND INTERVENTION INCIDENT REPORT FORM

1. Name of Reporter/Person Filing the Report:

(Warning: 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. Check whether you are the: Target of the behavior ☐ Reporter (not the target) ☐

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 classroom: _____________________________________________
Grade: __________________

5. If staff member, state your position:
____________________________________________________

6. Information about the Incident:

Name of Target (of behavior):

Name of Aggressor (Person who 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 (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 back if necessary.

9. Signature of Person Filing this Report: ________________________________ Date: __________
   (Note: Reports may be filed anonymously.)

10: Form Given to: ______________________________ Position: __________ Date: __________

   Signature: ______________________________ Date Received: __________

II. 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:

(Please use additional paper and attach to this document as needed)
III. 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      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:
   _______________

   Signature and Title: _______________________________________________ Date: _________________