



Bangor Township Schools

BULLYING PREVENTION AND INTERVENTION

INCIDENT REPORTING FORM

1. Name of Reporter/Person Filing 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. You are the: Target of the behavior Reporter (*not the target*)
3. You are a: Student Staff member (specify role) _____
 Parent Administrator Other (specify): _____
- Your contact information/telephone number: _____
4. If a student, state your school: _____ Grade: _____
5. If staff member, state your school or work site: _____
-

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: _____ a.m. p.m.
 - Location of Incident(s) (Be as specific as possible): _____
-

7. **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: _____ |
-

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 paper 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: _____

INVESTIGATION

1. Investigator: _____ Position: _____

Investigator: _____ Position: _____

2. Interviews:

Interviewed aggressor Name: _____ Date: _____

Interviewed target Name: _____ Date: _____

Interviewed witnesses Name: _____ Date: _____

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)

Conclusions from Investigation

1. Finding of: bullying retaliation

2. Contacts:

Target's Parent (guardian) Date: _____ Aggressor's parent (guardian) Date: _____

Law Enforcement Date _____ Other: _____

3. Action Taken: _____

4. Describe Safety Planning: _____

Follow-up with Target Scheduled for _____ Initials and date when completed _____

Follow-up with Aggressor Scheduled for _____ Initials and date when completed _____

Report copy forwarded to Principal (if principal was not the investigator - Date: _____

Report copy forwarded to Assistant Superintendent – Date: _____

Signature and Title: _____ Date: _____

