



## BI-COUNTY COLLABORATIVE BULLYING PREVENTION & INTERVENTION INCIDENT REPORT

1. Name of Reporter/Person Filing the Report:  
(Note: Reports may be anonymously, but no disciplinary action will be taken against an alleged perpetrator solely on the basis of an anonymous report.)

2. Check whether you are the: Target 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 school:  
If staff member, state your school or work site:

5. Information about the Incident:  
Name of Target (of behavior):  
Name of Perpetrator (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):

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

Name: Student Staff Other

Name: Student Staff Other

Name: Student Staff Other

7. Describe 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.

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

9. Form Given to: Position: Date:

Signature of Person In Receipt of Report: Date Received:

**FOR ADMINISTRATION USE ONLY**

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**II. INVESTIGATION**

1. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_
2. Interviews:
- |                         |       |       |
|-------------------------|-------|-------|
| Interviewed perpetrator | Name: | Date: |
| Interviewed target      | Name: | Date: |
| Interviewed witnesses   | Name: | Date: |
|                         | Name: | Date: |
3. Any prior documented Incidents by the perpetrator: 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)

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**III. CONCLUSIONS FROM THE INVESTIGATION**

1. Finding of bullying or retaliation: Yes No
- |                           |                                   |
|---------------------------|-----------------------------------|
| Bullying                  | Retaliation                       |
| Discipline referral only: | Incident documented as (specify): |
2. Contacts:
- |  |       |
|--|-------|
| Target's parent/guardian                       | Date: |
| Perpetrator's parent/guardian                  | Date: |
| Law Enforcement                                | Date: |
| District Equity Coordinator/Executive Director | Date: |
2. Action Taken:
- |                    |                      |                       |            |
|--------------------|----------------------|-----------------------|------------|
| Loss of Privileges | Detention            | Clinical Consultation | Suspension |
| Community Services | Education/Counseling | Other                 |            |
- Describe Safety Planning:
- Follow-up with Target scheduled for: \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_
- Follow-up with Perpetrator scheduled for: \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Report forwarded to Program Director: Date: \_\_\_\_\_  
(If Program Director was not the investigator)  
Report forwarded to Executive Director: Date: \_\_\_\_\_

Investigator's Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_