



ALL SAINTS ACADEMY
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. Circle whether you are the: Target of the behavior Reporter (not the Target)

3. Circle whether you are a: Student Staff member (specify role) _____
 Parent/Guardian Administrator Other (specify) _____

Your contact information/telephone number: _____

4. If 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: _____

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 sheets of paper if necessary and attach them to this document.

FOR ADMINISTRATIVE USE ONLY

1. Signature of Person Filing this Report: _____ Date: _____
(Note: Report may be filed anonymously)
2. Form Given to: _____ Position: _____ Date: _____
Signature: _____ Date Received: _____
3. Investigation: Investigator(s): _____
Position(s): _____
4. Interviews: Interviewed Aggressor
Name: _____ Date: _____
Interviewed Target – Name: _____ Date: _____
Interviewed Witnesses:
Name: _____ Date: _____
Name: _____ Date: _____
5. Any prior documented incidents by Aggressor? _____ Yes _____ No
If yes, have incidents involved Target or Target group previously? _____ Yes _____ No
6. Any previous incidents with findings of Bullying, Retaliation? _____ Yes _____ No
7. Summary of Investigation: (Please use additional sheets of paper and attach to this document as needed) _____

CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation? _____ Yes _____ No
Incident documented as _____
_____ Retaliation _____ Discipline referral _____ Only _____
2. Contacts: Target's parent/guardian _____ Date: _____
Aggressor's parent/guardian _____ Date: _____
Catholic Schools Office Date: _____ Law Enforcement Date: _____
3. Action Taken: _____ Loss of Privileges _____ Detention _____ Referral
_____ Suspension _____ Community Service _____ Education _____ Other _____
4. Describe Safety Planning: _____
5. Follow-up with Target
Schedule for: _____ Initial and date when completed: _____
6. Follow-up with Aggressor:
Schedule for: _____ Initial and date when completed: _____

Date report forwarded to Head of School: _____ (If Head of School was not the investigator)
Signature and Title: _____ Date: _____