

LANSING ELEMENTARY SCHOOL BULLYING INCIDENT REPORTING FORM

REPORT

1. Name of Person Filing Report: _____

Please 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. Are you a: Student (grade _____ teacher _____) Administrator
 Staff member Parent Other (specify) _____

Your contact information: Phone _____ Email _____

3. Information about the incident:

Who was the target? _____ Grade? _____ Teacher? _____

Who was the aggressor? _____ Grade? _____ Teacher? _____

What day did the incident happen on? _____ Time? _____

Location of incident (be as specific as possible) _____

4. Witnesses: (list people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

5. What happened? Be specific. Please use additional paper if necessary.

6. Signature of person filing this report: _____ Date: _____

Note: Reports may be filed anonymously)

For Administrative Use Only

Form given to: _____ Date: _____

Teacher action:

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INVESTIGATION

1. Investigator(s): _____
2. Interviews:
 - Aggressor Name: _____ Date of Interview: _____
 - Aggressor Name: _____ Date of Interview: _____
 - Target Name: _____ Date of Interview: _____
 - Witness Name: _____ Date of Interview: _____
 - Witness Name: _____ Date of Interview: _____
 - Witness Name: _____ Date of Interview: _____
3. Any prior documented incidents by aggressor? Yes No
If yes, have incidents involved this target or target group? Yes No
4. Any previous incidents with findings of bullying or retaliation? Yes No
5. Summary of investigation: (please use additional paper and attach to this document as needed)

CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation? bullying retaliation false report no such findings
2. Contacts
 - Target's parent/guardian Date _____ Aggressor's parent/guardian Date _____
3. Action taken
 - Loss of privileges Detention Suspension
 - Community Service Education Other _____
4. Describe safety planning _____
 - Follow-up with target scheduled for: _____ Initial/date when completed _____
 - Follow-up with aggressor scheduled for: _____ Initial/date when completed _____

Report forwarded to principal: (if principal was not the investigator) Date _____
Report forwarded to superintendent: Date _____
Signature and title: _____ Date _____