

**APPENDIX XI: FARR ACADEMY
BULLYING PREVENTION AND INTERVENTION REPORT FORM**

I. REPORT

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. 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. Information about the Situation:

Name of Target: _____

Name of Aggressor: _____

Date(s) of Situation: _____

Time When Situation Occurred: _____

Location of Situation (Be as specific as possible): _____

5. Witnesses (List all people who saw the situation or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

6. Describe the details of the situation (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional pages if necessary.

7. Signature of Person Filing this Report: _____ **Date:** _____

(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

8: Form Given to: _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____

Investigation and conclusion continued on following page(s)

BULLYING PREVENTION AND INTERVENTION REPORT FORM CONTINUED**II. INVESTIGATION**

1. Investigator(s) and Position(s): _____

2. Interviews:

 Interviewed aggressor Name: _____ Date: _____ Interviewed target Name: _____ Date: _____ Interviewed witnesses Name: _____ Date: _____

Name: _____ Date: _____

3. Any prior documented situation(s) by the aggressor? Yes NoIf yes, have situation(s) involved target or target group previously? Yes NoAny previous findings of BULLYING and/or 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:

 NO Situation documented as _____ YES Bullying Retaliation

2. If yes, contacts made (check all that apply):

 Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____ Target's LEA: _____ Aggressor's LEA: _____ Other: _____ Date: _____

3. Action Taken:

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: _____

Print Name and Title: _____

Signature: _____ Date: _____