

**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: \_\_\_\_\_

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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): \_\_\_\_\_

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

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

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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.)

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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:
 

<input type="checkbox"/> Interviewed aggressor	Name: _____	Date: _____
<input type="checkbox"/> Interviewed target	Name: _____	Date: _____
<input type="checkbox"/> Interviewed witnesses	Name: _____	Date: _____
	Name: _____	Date: _____
3. Any prior documented situation(s) by the aggressor?     Yes     No
 

If yes, have situation(s) involved target or target group previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any previous findings of BULLYING and/or RETALIATION	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:
 

<input type="checkbox"/> NO	<input type="checkbox"/> Situation documented as _____
<input type="checkbox"/> YES	<input type="checkbox"/> Bullying <input type="checkbox"/> Retaliation
2. If yes, contacts made (check all that apply):
 

<input type="checkbox"/> Target's parent/guardian	Date: _____	<input type="checkbox"/> Aggressor's parent/guardian	Date: _____
<input type="checkbox"/> Target's LEA: _____		<input type="checkbox"/> Aggressor's LEA: _____	
<input type="checkbox"/> 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: \_\_\_\_\_