

Exhibit A—Incident Report Form (Student)

Student's name *(if you wish to provide it)*: _____

Date: _____

Details of the incident(s)

Name of the student(s) the incident happened to: _____

Name(s) of student(s) alleged in causing the incident(s):

Date the incident happened: _____

Time the incident happened: _____

Where did the incident happen? _____

Name(s) of anyone else who knows about what happened:

What happened? *(Attach additional pages if needed)*

Student's signature *(optional)*: _____

Date: _____

Received by: _____

Date: _____

For Office Use Only

Parent notification of allegation confirmed

Note to the administrator: Notice to the parent of the alleged victim is required within three business days of the reporting of the incident.

- Notification provided to the parent or guardian of alleged victim:

Parent's name: _____

Date notification made: _____

Method of notification: _____

Note to the administrator: Notice to the parent of the student(s) alleged to have engaged in bullying is required within a reasonable time after the incident is reported.

- Notification provided to the parent or guardian of student(s) who allegedly engaged in bullying:

Parent's name: _____

Date notification made: _____

Method of notification: _____

Exhibit B—Incident Report Form (Adult)

Contact information

Name: _____

Home address: _____

Work address (if applicable): _____

Home phone: _____

Mobile phone: _____

E-mail address: _____

Name(s) of alleged offender: _____

Name(s) of alleged victim: _____

Describe your relationship to alleged victim(s)/offender(s). _____

Date(s) of alleged incident: _____

Time(s) of alleged incident: _____

Location(s) of alleged incident(s): _____

List any witnesses:

Describe the incident(s) as clearly as possible, including such things as what force or physical contact, if any, was used; any verbal statements such as threats, requests, or demands; and any electronic methods, including e-mail, social media, and the like. (*Attach additional pages if more space is needed.*)

I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief.

Signature: _____

Date: _____

Received by: _____

Date: _____

For Office Use Only

Parent notification of allegation confirmed:

Note to the administrator: Notice to the parent of the alleged victim is required within three business days of the reporting of the incident.

- Notification provided to parent or guardian of alleged victim(s):

Parent's name: _____

Date notification made: _____

Method of notification: _____

Note to the administrator: Notice to the parent of the student(s) alleged to have engaged in bullying is required within a reasonable time after the incident is reported.

- Notification provided to parent or guardian of student(s) who allegedly engaged in bullying:

Parent's name: _____

Date notification made: _____

Method of notification: _____

Exhibit C—Investigation Report

[This form should be used to assist the investigator while conducting an investigation. It may also be used to document an oral report of an alleged bullying, including cyberbullying, incident.]

Name of person investigating alleged incident: _____

Name(s) of person(s) reporting alleged incident(s) *(if not the alleged victim)*:

Student reporting wants to remain anonymous.

Date alleged incident(s) *(was) (were)* reported: _____

Date investigation started: _____

Name(s) of alleged victim(s): _____

Name(s) of alleged bully(ies): _____

Date(s) and time(s) of alleged incident(s): _____

Did the alleged incident(s) occur: *(check all appropriate boxes)*

- On school property?
 - Yes
 - No
- At a school-sponsored or school-related activity, on or off school property?
 - Yes
 - No
- In a vehicle being used for transporting students to or from school, school-sponsored, or school-related activity?
 - Yes
 - No

Did the alleged incident(s) involve written or verbal expression, including electronic expression, which was delivered to school property or the site of a school-sponsored or school-related activity?

- Yes
- No

Specific location of alleged incident(s): _____

Is the alleged incident(s) recurring or first-time incident(s)? _____

Describe the alleged incident(s) as reported. (Attach separate sheets if necessary.)

Did the alleged incident(s) occur in the presence of a witness or witnesses?

- Yes
 No

If yes, name(s) of witness or witnesses: _____

[Attach any documents obtained during the course of the investigation (e.g., interview notes, witness statements, class schedules, materials to support cyberbullying, and the like).]

1. Does the alleged incident(s) meet the definition of discrimination, prohibited harassment, dating violence, or retaliation as defined in FFH(LOCAL)?

- Yes
 No

If yes, refer to proper administrator under FFH(LOCAL).

Referred to _____ (administrator's name) on _____ (date).

[If the alleged incident was referred under FFH(LOCAL), no further action is needed on this form.]

2. Does the alleged incident(s) meet the definition of bullying in FFI(LEGAL)?

- Yes
 No

If yes, did the victim(s) use reasonable self-defense?

- Yes
 No

3. If the alleged incident(s) was not discrimination, prohibited harassment, dating violence, or retaliation and/or bullying, was it other improper conduct as defined by the Student Code of Conduct?

Yes

No

If yes, referred for disciplinary action in accordance with the Student Code of Conduct or any other appropriate corrective action to _____ (*administrator's name*) on _____ (*date*).

[If alleged incident is considered other improper conduct, no further action is needed on this form.]

If bullying has been confirmed:

Notification provided to the parent or guardian of victim(s):

Parent's name(s): _____

Date notification made: _____

Notification provided to the parent or guardian of student(s) who engaged in bullying:

Parent's name(s): _____

Date notification made: _____

[If notice of available counseling options was not provided at the time a student was interviewed, the District must still do so in accordance with local policy FFI.]

Notification of available counseling options provided to:

• Victim(s)

Name: _____

• Student(s) who engaged in bullying

Name: _____

• Witness(es):

Name: _____

Name: _____

Name: _____

District action:

- Referred for discipline?

Yes

No

If yes, disciplinary action recommended:

- Eligible for transfer?

Yes

No

If yes, who? _____ (*victim or student who engaged in bullying*)

- Recommendation for corrective action?

Yes

No

If yes, corrective action recommended:

Date investigation completed: _____

Date investigation report submitted to Superintendent or designee: _____

Investigator's name (*if not the principal*)(*print*): _____

Investigator's signature: _____

Date: _____

Principal's name (*print*): _____

Principal's signature: _____

Date: _____