



APPENDIX A

**HCCPS BULLYING PREVENTION AND INTERVENTION INCIDENT REPORT 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. 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. If student, state your classroom:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_

**5. If staff member, state your position:**  
\_\_\_\_\_

**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 space on back if necessary.

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9. Signature of Person Filing this Report: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: Reports may be filed anonymously.)

10: Form Given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

## II. INVESTIGATION

1. Investigator(s): \_\_\_\_\_

Position(s): \_\_\_\_\_

### 2. Interviews:

Interviewed aggressor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed target Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed witnesses Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

3. Any prior documented Incidents by the aggressor?  Yes  No

If yes, have incidents involved target or target group previously?  Yes  No

Any previous incidents with findings of BULLYING, RETALIATION  Yes  No

Summary of Investigation:

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(Please use additional paper and attach to this document as needed)

**III. CONCLUSIONS FROM THE INVESTIGATION**

1. Finding of bullying or retaliation:  YES  NO
- Bullying  Incident documented as \_\_\_\_\_
- Retaliation  Discipline referral only \_\_\_\_\_

2. Contacts:

- Target's parent/guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Aggressor's parent/guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Law Enforcement Date: \_\_\_\_\_

3. Action Taken:

- Loss of Privileges  Detention  Suspension
- Community Service  Education  Other \_\_\_\_\_

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:  
\_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_