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.)

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 □ No

If yes, have situation(s) involved target or target group previously? □ Yes □ No

Any 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:** _____