



VERNON PUBLIC SCHOOLS

Suspected Bullying Incident Investigation Form

School Name: _____

TODAY'S DATE: _____

SCHOOL PERSONNEL COMPLETING FORM: _____

POSITION: _____

NAME OF PERSON REPORTING INCIDENT: _____

CONTACT INFORMATION (EMAIL/PHONE #): _____

NAME OF STUDENT VICTIM: _____

DAYS ABSENT DUE TO INCIDENT: _____

NAME(S) OF ALLEGED OFFENDERS (if known):

TOTAL NUMBER OF OFFENDERS: _____

DATES OF INCIDENTS: _____

INVESTIGATION

1. Where did the incident happen? (choose all that apply)

On school property

On a school bus

Social network/ Cell-phone

On the way home from school

At a school-sponsored activity or event off school property

2. Place an X next to the statement(s) that best describes what happened (choose all that apply):

Any bullying, harassment, or intimidation that involves physical aggression

Getting another person to hit or harm the student

Teasing, name-calling, making critical remarks, or threatening, in person, online, or by text

Demeaning and making the victim the object of jokes

Excluding or rejecting the student

Intimidating (bullying), extorting, or exploiting

Spreading harmful rumors or gossip

Electronic communication (specify)

Other (specify)

3. What actions were taken to investigate this incident? (choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Interviewed student victim | <input type="checkbox"/> Witness statements collected in writing |
| <input type="checkbox"/> Interviewed teachers and/or school staff | <input type="checkbox"/> Examined physical evidence |
| <input type="checkbox"/> Interviewed alleged offender(s) | <input type="checkbox"/> Interviewed school nurse |
| <input type="checkbox"/> Interviewed student victim's parent/guardian | <input type="checkbox"/> Conducted student record review |
| <input type="checkbox"/> Interviewed witnesses | <input type="checkbox"/> Reviewed any medical information available |
| <input type="checkbox"/> Interviewed alleged offender's parent/guardian | <input type="checkbox"/> Obtained copy of police report |
| | <input type="checkbox"/> Other (specify) |

4. Why did the bullying, harassment, or intimidation occur (alleged motives)? (choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Because of race | <input type="checkbox"/> Because of disability |
| <input type="checkbox"/> Because of national origin | <input type="checkbox"/> Because of physical appearance |
| <input type="checkbox"/> Because of sex | <input type="checkbox"/> To impress others |
| <input type="checkbox"/> Because of sexual orientation | <input type="checkbox"/> Just to be mean |
| <input type="checkbox"/> Because of gender identity | <input type="checkbox"/> Because of another reason (specify) |
| <input type="checkbox"/> Because of religion | <input type="checkbox"/> The reason is unknown |

5. What corrective actions were taken in this case? (choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> None were required, this was a false allegation | <input type="checkbox"/> Parent Letter |
| <input type="checkbox"/> None, the incident did not warrant any corrective action | <input type="checkbox"/> Parent phone call |
| <input type="checkbox"/> Student conference | <input type="checkbox"/> Parent conference |
| <input type="checkbox"/> Student warning | <input type="checkbox"/> Detention |
| <input type="checkbox"/> Letter of apology | <input type="checkbox"/> Community service |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> In-school suspension |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Out-of-school suspension |
| | <input type="checkbox"/> Sent for consideration for Expulsion |
| | <input type="checkbox"/> Other (specify) |

Additional pertinent information gained during the interview
(Attach a separate sheet if necessary)

6. Investigator notes (attach a separate sheet if necessary).

- ACT HAS NOT BEEN VERIFIED AS BULLYING
- ACT HAS BEEN VERIFIED AS BULLYING (parent contact required)
- PARENTS HAVE BEEN CONTACTED DATE OF PARENT CONTACT: _____

Signature

Date