



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)

- | | |
|---|--|
| <input type="checkbox"/> On school property | <input type="checkbox"/> On the way home from school |
| <input type="checkbox"/> On a school bus | <input type="checkbox"/> At a school-sponsored activity or event off school property |
| <input type="checkbox"/> Social network/ Cell-phone | |

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