

**Bullying Prevention and Intervention Investigation**

**Investigation**

Investigator: \_\_\_\_\_ Position: \_\_\_\_\_

Investigation Dates: \_\_\_\_\_

Alleged Aggressor: \_\_\_\_\_

Alleged Target: \_\_\_\_\_

Student Witness: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Other Witnesses: \_\_\_\_\_

Any prior, documented incidents by the aggressor?

YES     NO

If yes, have the incidents involved target or target group previously?

YES     NO

Any previous incidents with findings or bullying or retaliation?

YES     NO

Summary of the investigation:

**Conclusion from the Investigation**

Was there a finding of bullying or retaliation?

YES     NO

If yes, was the finding bullying or retaliation?

Bullying     Retaliation

Incident documented as: \_\_\_\_\_

Discipline Referral Only

Date of Target's Parent/Guardian Contact: \_\_\_\_\_

Date of Aggressor's Parent/Guardian Contact: \_\_\_\_\_

Date of Law Enforcement Contact: \_\_\_\_\_

Other Parents/Guardians Contact Date: \_\_\_\_\_

**Discipline Administered**

Check all that apply:

Loss of Privileges     Detention     In-School Suspension

Out of School Suspension     Community Service

Safety Plan Developed?

YES (attach)     NO

Date of Safety Plan Review with the Aggressor: \_\_\_\_\_

Date of Safety Plan Review with the Victim: \_\_\_\_\_