

Quincy Catholic Academy
Bullying Prevention and Intervention Incident Reporting Form

1. Name of Reporter/Person Filing 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 Target)

3. Check whether you are a: _____ Student
_____ Staff Member (specify role) _____
_____ Parent/Guardian
_____ Administrator
_____ Other (specify) _____

Your contact information/telephone number: _____

4. If student, state Grade: _____

5. Information about the Incident:

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) occurred: _____

Location of Incident(s) (Be as specific as possible): _____

6. Witnesses (List people who saw the incident or have information about it):

Name: _____

Role: _____ Student _____ Staff _____ Other: _____

Name: _____

Role: _____ Student _____ Staff _____ Other: _____

Name: _____

Role: _____ Student _____ Staff _____ Other: _____

INVESTIGATION REPORT OF BULLYING OR RETALIATION INCIDENT

1. Investigator: _____ **Position:** _____

Investigator: _____ **Position:** _____

2. Interviews:

Interviewed Aggressor

Name: _____ Date: _____

Interviewed Target

Name: _____ Date: _____

Interviewed Witnesses

Name: _____ Date: _____

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 or Retaliation? _____ Yes _____ No

If Yes, explain: _____

SUMMARY OF INVESTIGATION:

CONCLUSIONS FROM THE INVESTIGATION

Initial and Date when completed: _____

Follow-up with Aggressor: Scheduled for: _____

Initial and Date when completed: _____

Report forwarded to Principal (if principal was not the investigator): _____

Signature and Title: _____ **Date:** _____