

Mansfield Public Schools Bullying Prevention and Intervention Plan



Please note that formatting on the translated forms that follow has been changed to accommodate the margins of this document.

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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 Student Staff member (specify role)
 Parent Administrator Other (specify)

Your contact information telephone number: _____

4. If student, state your school: _____ **Grade:** _____

5. If staff member, state your school or work site: _____

6. Information about the Incident:

Name of Target (of behavior): _____

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

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

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

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

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

8. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary.

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FOR ADMINISTRATIVE USE ONLY

9. **Signature of Person Filing this Report:** _____ **Date:** _____
(Note: Reports may be filed anonymously.)

10: **Form Given to:** _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____

II. INVESTIGATION

1. **Investigator(s):** _____ **Position(s):** _____

2. Interviews:

Interviewed aggressor Name: _____ **Date:** _____

Interviewed target Name: _____ **Date:** _____

Interviewed witnesses 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, 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:

YES

NO

Bullying

Incident documented as _____

Retaliation

Discipline referral only _____

2. Contacts:

Target's parent/guardian Date: _____ **Aggressor's parent/guardian Date:** _____

District Equity Coordinator (DEC) Date: _____ **Law Enforcement Date:** _____

3. Action Taken:

Loss of Privileges **Detention** **STEP referral** **Suspension**

Community Service **Education** **Other** _____

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:** _____

Report forwarded to Principal: Date _____ **Report forwarded to Superintendent: Date** _____

(If principal was not the investigator)

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