

SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL

DISTRICT APPENDIX E

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 a:** Student _____ Age Staff member (specify role)

Parent Administrator Other (specify)

Your contact information/telephone number: _____

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

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.**

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:** _____

SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT

II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____
2. Interviews:
- | | | | |
|--------------------------|-----------------------|-------------|-------------|
| <input type="checkbox"/> | Interviewed aggressor | Name: _____ | Date: _____ |
| <input type="checkbox"/> | Interviewed target | Name: _____ | Date: _____ |
| <input type="checkbox"/> | 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
- | | | | |
|--------------------------|-------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Bullying | <input type="checkbox"/> | Incident documented as _____ |
| <input type="checkbox"/> | Retaliation | <input type="checkbox"/> | Discipline referral only _____ |
2. Contacts:
- | | | | | | |
|--------------------------|--------------------------|-------------|--------------------------|-----------------------------|-------------|
| <input type="checkbox"/> | Target's parent/guardian | Date: _____ | <input type="checkbox"/> | Aggressor's parent/guardian | Date: _____ |
| <input type="checkbox"/> | Guidance Counselor | Date: _____ | <input type="checkbox"/> | Law Enforcement | Date: _____ |
3. Action Taken:
- | | | | | | | | |
|--------------------------|--------------------|--------------------------|-----------|--------------------------|-----------------------------|--------------------------|------------|
| <input type="checkbox"/> | Loss of Privileges | <input type="checkbox"/> | Detention | <input type="checkbox"/> | Student Assistance referral | <input type="checkbox"/> | Suspension |
| <input type="checkbox"/> | Community Service | <input type="checkbox"/> | Education | <input type="checkbox"/> | 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: _____
- Signature and Title _____ Date: _____