Exhibit A

SAMPLE 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 a:** ☐ **Student** ☐ **Staff member (specify role)** _____
   ☐ **Parent/Guardian** ☐ **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:** _____

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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)**:** _____

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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 _____

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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 sheets of paper if necessary and attach them to this document.**

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:** _____

SAMPLE

Exhibit A

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 sheets of 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:** _____

   □ **Catholic Schools Office** **Date:** _____ □ **Law Enforcement** **Date:** _____
3. **Action Taken:**

   □ **Loss of Privileges** □ **Detention** □ **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_____
(If principal was not the investigator)

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

SAMPLE