BULLYING INVESTIGATION AND RESPONSE FORM

Date the alleged incident of bullying was reported: ____________________________

Name of person investigating alleged incident(s): ____________________________

Position/title of investigator: _____________________________________________

Name of person reporting bullying incident(s): _______________________________

Person reporting is (circle one) Student Parent School employee
Coach/advisor Volunteer Other ________________________________

Name(s) of alleged target: ________________________________________________

Name(s) of alleged bully (bullies): _________________________________________

Name(s) of potential witnesses: ___________________________________________

Where did the alleged incident(s) occur (check one or more):

_____ on school property
_____ on school bus
_____ at a school sponsored activity
_____ through use of technology
_____ elsewhere (be specific)

_____ at school  _____ off-campus

Time and location(s) of incident(s): _________________________________________

____________________________________________________________________

____________________________________________________________________

Does targeted student have an IEP?  ____ Yes  ____ No (If yes, refer to plan.)

Does targeted student have a 504 plan?  ____ Yes  ____ No (If yes, refer to plan.)

Is the targeted student in the referral process for either?  ____ Yes  ____ No
(If yes, specify) __________________________

If the targeted student receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: __________________________ Date: ___________________________

Does alleged bully have an IEP?  ____ Yes  ____ No (If yes, refer to plan.)

Does alleged bully have a 504 plan?  ____ Yes  ____ No (If yes, refer to plan.)
Is the alleged bully in the referral process for either? _____ Yes _____ No 
(If yes, specify) ____________________________

If the alleged bully receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:
Person notified: __________________________ Date: __________________________

Do school unit’s records show prior reports of alleged or substantiated incidents of bullying involving the alleged target or alleged bully? If so, describe incident and outcome(s):
________________________________________________________
________________________________________________________
________________________________________________________

Meeting/interview of student who believes he/she has been bullied, description of alleged incident(s) (dates and details):
________________________________________________________
________________________________________________________
________________________________________________________

Communications with parent(s) of student who believes he/she has been bullied date(s) and details): ______________________________________________________
________________________________________________________

Meeting/interview of alleged bully (bullies) (dates and details):
________________________________________________________
________________________________________________________
________________________________________________________

Communications with parent(s) of alleged bully (bullies) (dates and details):
________________________________________________________
________________________________________________________
________________________________________________________

Meeting/interview of persons identified as witnesses (dates and summary of information provided):
________________________________________________________
________________________________________________________
________________________________________________________

Further evidence of bullying examined (videos, photos, email, letters, etc.):
________________________________________________________
________________________________________________________
________________________________________________________
Measures taken pending conclusion of the investigation to ensure the safety of the student who believes he/she has been bullied:

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Safety measures communicated to parents) of student who believes he/she has been bullied (date and details):

_____________________________________________________

_______________________________________________________________________

Is the alleged bullying substantiated, i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy?  ____Yes  ____No

Nature of harm incurred:

____Physical harm to student or damage to student’s property
____Student’s reasonable fear of physical harm or damage to property
____Hostile educational environment
____Infringement of student’s rights at school

Conduct resulting in harm (in item above) is on the basis of:

____National origin/ancestry/ethnicity
____Religion
____Physical, mental, emotional or learning disability
____Sex
____Sexual orientation
____Gender/gender identity/expression
____Age
____Socioeconomic status
____Family status
____Physical appearance
____Weight
____Other distinguishing personal characteristics
____Other (explain) _______________________

Summary of investigation/Explanation of findings:

_____________________________________________________________________

_____________________________________________________________________

Recommended disposition:

Disciplinary action - alternative discipline: __________________________________________
Disciplinary action – suspension (in-school, out-of-school) ________________________
Expulsion (recommended for expulsion ________________________________________

RSU No. 5 School Department
Page 3 of 6
Recommendations for support services:

Counseling/referral to services (targeted student) ______________________________
Counseling/referral to services (bully) ______________________________

Recommendation to report to law enforcement?   ____ Yes   ____ No
   ____ Potential criminal violation   ____ Potential civil rights violation

Recommendations in other substantiated bullying situations:

   If bully is school employee or administrator, recommendation for action to be taken by
   Superintendent (any action must be consistent with collective bargaining agreement or
   individual contract): ______________________________________________________________
   ______________________________________________________________________________

   If bullying is by another adult person associated with the school (e.g., volunteer,
   visitor, or contractor): __________________________________________________________
   ______________________________________________________________________________

   If bullying involves a school-affiliated organization: _____________________________
   ______________________________________________________________________________

Signature of investigator: ______________________________________________________
If investigator is not building principal, copy to principal on [date]____________

Copy to Superintendent on [date]________
ACTIONS TAKEN BY PRINCIPAL

The student received/will receive the following discipline actions (consequences):

_____ Alternative Discipline
_____ Detention
_____ Weekend Detention
_____ In-school suspension
_____ Out-of-school suspension
_____ Expulsion/Recommended for expulsion

Alternative discipline imposed for this student (if applicable):

_____ Meeting with the student and the student's parent(s) or guardian(s)
_____ Reflective activities, such as requiring the student to write an essay about the student's misbehavior
_____ Mediation, but only when there is mutual conflict between peers, rather than one-way negative behavior, and both parties voluntarily choose this option
_____ Counseling
_____ Anger management
_____ Health counseling or intervention
_____ Mental health counseling
_____ Participation in appropriate social emotional cognitive skill building and resolution and restorative conferencing
_____ Community service

Referral to law enforcement?   ____ Yes   ____ No

Written notice has been provided to parent(s)/guardian(s) of the student who has been found to have engaged in bullying, including the process for appeal.

Notification sent by principal: [Date]______________

Copy to Superintendent: [Date]______________
APPEAL OF PRINCIPAL’S DECISION

Date appeal submitted: ________________________________________________

All appeals to the Superintendent must be submitted, in writing, to the Central Office within 14 calendar days of the building principal’s decision. The Superintendent’s decision shall be final.

Superintendent’s decision: ____________________________________________

Date parent(s)/guardian(s) notified of Superintendent’s decision: ________________

ACTIONS TAKEN BY THE SUPERINTENDENT

____ Recommendation to Board for student expulsion

____ Action on student/parent appeal of principal’s decision

______________________________________________________________

____ Action taken against employee: (If confidential employment action, in personnel file)

______________________________________________________________

____ Recommendation to Board for suspension/revocation of sanctioning/approval of school-affiliated organization

____ Other: ___________________________________________________________________

Adopted: March 27, 2013
Moved to Administrative Procedure: March 25, 2020