



BULLY/HARASSMENT INCIDENT INVESTIGATION FORM

Name of person completing report/investigating:

Incident date:

Report date:

Name of person being interviewed:

Role:

Student allegedly bullied

Student who allegedly bullied

Witness/bystander

Parent Notified:

Yes Date:

Time:

Person contacting:

No

The following items were addressed:

Confidentiality

Review of school policy

Review of non-retaliation

Safety plan (including possible involvement of law enforcement)

Consequences for false information

Investigation procedures

Specifics:

What exactly happened, when (date and time), to whom, how, where (location)?

What is the relationship between the people involved?

Have there been previous incidents of which you are aware?

Have any previous incidents been reported? If so, to whom/how?

What has the student who was allegedly bullied done to deal with the issue? What was the response of this person?

Were there any bystanders/witnesses who would have information? If so, what are their names? How were they involved?

What would be a positive outcome to this situation?

Plans for the future: (as needed for both alleged bully and bullied)

Investigator's Signature

Date

Interviewee's Signature

Date

(note) Page 1 will be filled out for each interview. One copy of page 3 will be filled out after all interviews are completed

Identify each of the following 18 categories (real or perceived) for which the student is reported to have been bullied/harassed. Check all that apply.

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Race | <input type="checkbox"/> Creed | <input type="checkbox"/> Sex |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Physical Attributes | <input type="checkbox"/> Physical/Mental Abilities | | <input type="checkbox"/> Political Belief | <input type="checkbox"/> Political Party Preference |
| <input type="checkbox"/> Socioeconomic Status | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Other (Please Specify): | |

Method of bullying/harassment (check all that apply).

- | | | | |
|---|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Electronic Communication | <input type="checkbox"/> Written Communication | <input type="checkbox"/> Verbal | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Social/Relational (ostracizing, exclusion) | <input type="checkbox"/> Other (Please Specify): | | |

Location of incident (check all that apply).

- | | | | | | |
|---|----------------------------------|------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Bus | <input type="checkbox"/> Hallway | <input type="checkbox"/> Classroom | <input type="checkbox"/> Locker room | <input type="checkbox"/> Gym | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Extra curricular activity (on/off campus) | | <input type="checkbox"/> Bathroom | <input type="checkbox"/> At Lockers | <input type="checkbox"/> Playground | |
| <input type="checkbox"/> Other (Please Specify): | | | | | |

Person(s) reported to have bullied/harassed:

If district student, enter student's state ID: Building: Grade:

If the person is a school staff member or volunteer the administrator investigating must enter data into Iowa Department of Education Ed info site, entry may not be completed by an administrative assistant.

Identify where the person(s) reported to have bullied/harassed from.

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> District Student | <input type="checkbox"/> Student from another district | <input type="checkbox"/> School Staff Member | <input type="checkbox"/> Volunteer |
|---|--|--|------------------------------------|

TO BE COMPLETED BY SCHOOL COUNSELORS AND ADMINISTRATORS ONLY

If the Iowa Anti-Bullying/harassment law was violated, check all of the reasons that apply.

- Was violated because conduct places the student in reasonable fear of harm to the student's person or property.
- Was violated because conduct has a substantially detrimental effect on the student's physical or mental health.
- Was violated because conduct has the effect of substantially interfering with the student's academic performance.
- Was violated because conduct has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.

Provide an explanation and/or additional information as to why one or more of the conditions were met:

If the Iowa Anti-Bullying/harassment law was not violated, check the box indicating that another law, school policy, or rule was violated or check the box indicating that no law, school policy, or rule was violated.

- Was NOT violated, nor was any other law/school policy/rule violated.
- Was NOT violated, but another law/school policy/rule violated.

Check all of the following consequences/remedial actions that apply.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Verbal warning | <input type="checkbox"/> Written warning | <input type="checkbox"/> Parent(s) or guardian(s) notified | <input type="checkbox"/> Parent(s) or guardian(s) conference |
| <input type="checkbox"/> Signed agreement | <input type="checkbox"/> Counselor follow up | <input type="checkbox"/> Restricted privileges | <input type="checkbox"/> Specialized-seating assignment |
| <input type="checkbox"/> Individual Behavior Plan | | <input type="checkbox"/> Suspension or expulsion- __days | <input type="checkbox"/> Bus Suspension- __days |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Community Service | <input type="checkbox"/> Student Conference | <input type="checkbox"/> Referral to Internal Team |
| <input type="checkbox"/> No consequences warranted | | <input type="checkbox"/> Other(Please Specify): | |

Investigation Completed by

Date_____

Data entered in to the Department of Education ED info site by

Date