



Bullying Incident Report - Fond du Lac School District

Reporter <u>First & Last Name</u>	<input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Other _____	<input type="checkbox"/> Target of bullying <input type="checkbox"/> Witness of bullying <input type="checkbox"/> Reporter	<u>Incident Date</u>	<u>Principal/Administrator</u>
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<u>Target Information</u>		<u>Accused Information</u>	
<u>Name/Grade</u>	<u>Race</u>	<u>Name/Grade</u>	<u>Race</u>

Location	Type of Incident	Time of Incident	Witnesses
<input type="checkbox"/> Class <input type="checkbox"/> Common Area <input type="checkbox"/> Playground <input type="checkbox"/> Outside of School <input type="checkbox"/> Other: _____	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Indirect <input type="checkbox"/> Cyberbullying <input type="checkbox"/> Other: _____	<input type="checkbox"/> During the school day <input type="checkbox"/> Outside of the school day, but during school-related activities <input type="checkbox"/> Outside of the school day or during non-school-related activities <input type="checkbox"/> Other: _____	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
			List evidence of bullying - attach copies if possible:

Antecedent: What happened immediately before the reported behavior? (Peers, Other Adults, Students, Environment)	Description of the Incident	Target's response to the incident
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I agree that all of the information on this form is true and accurate to the best of my knowledge
 Signature of reporter: _____ Date: _____

Investigation Information

- Investigation deemed a bullying event.
- Investigation deemed NOT a bullying event.

To be completed by administrator:

Administrative Decision(s)

- Conference with students (mandatory)
- Restorative Conference (recommended)
- Loss of Privilege: _____
- Safety Plan (Develop or Update)
- Student Concerns Meeting (or IEP)
- Self-reflection activity
- Other: _____

Restorative Questions (Optional)

- What happened?
- What were you thinking at the time?
- What have you thought about since?
- Who has been affected by what you have done? In what way?
- What do you think you need to do to make things right?

Parent/Guardian Contact Notes

- Target's parent/guardian
 - Name: _____
 - Date: _____ Method of Contact _____
- Accused's parent/guardian
 - Name: _____
 - Date: _____ Method of Contact _____

Additional Notes

Date received by administrator _____ (Initial) _____

Date sent to Pupil Services/Tammy Hidde _____