



## Bullying/Harassment Incident Report - Fond du Lac School District

<b>Reporter</b> <b>First &amp; Last Name</b>	<input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Other _____	<input type="checkbox"/> Target of incident <input type="checkbox"/> Witness of incident <input type="checkbox"/> Reporter	<u>Incident Date</u>	<u>Principal/Administrator</u>
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<u>Location</u>	<u>Type of Incident</u>	<u>Category of Bullying/Harassment</u> (8 types the school recognizes)		<u>Time of Incident</u>
<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"/> Sexual Harassment <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> National Origin including those that speak a language	<input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Pregnancy <input type="checkbox"/> Creed <input type="checkbox"/> Ancestry <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: _____

<u>Description of the Incident</u>	<u>Antecedent:</u> What happened immediately before the reported behavior? (Peers, Other Adults, Students, Environment)

<u>Target's response to the incident:</u>	<u>Witnesses:</u> List evidence of bullying - attach copies if possible

<u>Target Information</u>				<u>Accused Information</u>			
<u>Name</u>	<u>Grade</u>	<u>Race</u>	<u>Gender</u>	<u>Name</u>	<u>Grade</u>	<u>Race</u>	<u>Gender</u>

**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**

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Investigation deemed a bullying event.</li> <li><input type="checkbox"/> Investigation deemed a harassment event</li> <li><input type="checkbox"/> Investigation deemed NOT a bullying or harassment event.</li> </ul>
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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 \_\_\_\_\_

**Target's parent/guardian**

- Name: \_\_\_\_\_
- Date: \_\_\_\_\_ Method of Contact \_\_\_\_\_

**Accused'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 \_\_\_\_\_