Incident Report Form (To be completed by a student, parent or school employee)				
oday's Date:			Describe the incident(s) including such information as	
Name of person completing report:			participants, background to incident, whether there have been prior incidents, what (if any) force or physical contact was used, and any verbal statements such as threats, requests, demands, etc. (attach additional pages if more space is needed):	
(students can request anonymity)				
Describe relationship to alleged				
victim(s)/bully(ies):				
Home Phone:				space is necucaj.
Cell Phone:				
Work Phone:				
Date(s) of alleged incident(s):				
Location of alleged incident(s):				
Name(s) of alleged bully(ies)				
Name(s) of alleged victim(s):				
List any witness(es):				
I hereby certify that the information pro	ovided in	this com	plaint is true, corre	ct, and complete to the best of my knowledge and belief:
Complainant Si	anatura	(if availa	hla)	Date
Complainant Si	gnature	(11 avalia	idle)	Date
INVESTIGATIVE REPORT FORM (To be	e complei	ed by an	administrator or th	e Safe School Climate Specialist)
Today's Date:	T			Describe the alleged incident(s)
Name(s) of person(s) investigating the	alleged in	ncident(s)).	2 escribe the unegen memorial
Name(s) of alleged bully(ies):				
Name(s) of alleged victim(s):				
Name(s) of person(s) reporting the alleged incident(s), duration of time				
and location(s):				
und rocation(s).				
The incident(s) is: Reoccurring or First Time				
Did the alleged incident(s) occur in the presence of a witness (es)? Yes /				
No				
Does the alleged incident(s) meet the definition of bullying? Yes / No				
Please explain:				
*Varification of Dallain a negatines com-	.1.4:	C4l. a D11	-in a Contract	
*Verification of Bullying requires com				peen notified of the results of the investigation Yes / No
if Burrying is verified, have the parent	s) guarui	ans or an	students involved t	been notified of the results of the filvestigation (res / No
Name of Parent/Guardian		Date		Name of Parent/Guardian Date
TIMELINE OF CORRESPONDENCE	DATE	TIME	DETAILS OF PHO	NE CALL (S) / MEETING (S)
SAFE SCHOOL CLIMATE SPECIALIST (SSCS)/ADMINISTRATIVE RESPONSIBILITIES				
SAFE SCHOOL CERNATE SECULED EQUADIO (SSCO)/ADMINISTRATIVE RESTONSIBILITIES				
☐ Respond to an oral report within one school day by starting the investigative process				
☐ Collect completed Incident Report Form from the student, school employee, or parent within two school days				
☐ Complete the Investigative Report Form				

Does the alleged incident(s) meet the definition of bullying? Yes / No

If bullying is verified, proceed with Bullying Continuum Packet, notify the SSCS, and forward the completed copies to SSCS

If the allegations are not verified, close the case, forward copies of the Incident and Investigative Report Form to the SSCS

