

Bullying Investigation Form

Interviewed Parent(s)/Guardian(s) of Alleged Victim: Name(s): _____ Date: _____

Summary of the interview:

Interviewed Parent(s)/Guardian(s) of Alleged Offender: Name(s): _____ Date: _____

Summary of the interview:

Any prior documented incidents by the alleged offender? Yes No

Documentation and Notification Requirements

Date of incident report:	Date investigation began:	Date investigation completed:
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INVESTIGATION DETERMINATION

Name(s) of alleged victim(s)	Age	Sex	Grade
Name(s) of alleged offender(s)	Age	Sex	Grade
Name(s) of witness(es), if applicable			

Where did the incident happen (choose all that apply)?

- Classroom Lunchroom School Bus Locker Room/Area Restroom Hallway Bus Stop Parking Lot
 On the way to/from school Playground Internet Cell Phone At a school sponsored activity or event off school property
 Other (Please Specify) _____

Check all items below that apply:

Verbal
<input type="radio"/> Name-calling <input type="radio"/> Taunting/ridiculing <input type="radio"/> Mocking <input type="radio"/> Making offensive comments <input type="radio"/> Teasing <input type="radio"/> Demeaning comments <input type="radio"/> Other (please state) _____
Physical
<input type="radio"/> Kicking <input type="radio"/> Hitting/punching <input type="radio"/> Pushing <input type="radio"/> Pinching <input type="radio"/> Stalking <input type="radio"/> Inappropriate touching <input type="radio"/> Other (please state) _____
Emotional
<input type="radio"/> Offensive graffiti <input type="radio"/> Excluding from group <input type="radio"/> Spreading rumors <input type="radio"/> Being forced to do something against his/her will <input type="radio"/> Taking possessions/money <input type="radio"/> Other (please state) _____
Electronic aggression
<input type="radio"/> Offensive text messages <input type="radio"/> Offensive e-mails <input type="radio"/> Sending degrading images <input type="radio"/> Posting rumors or lies about someone <input type="radio"/> Assuming a person's electronic identity with the intent of causing harm <input type="radio"/> Other (please state) _____

Physical evidence, if available: Graffiti Notes E-mail Websites Video/Audio

Incident reported to parent/guardian of **alleged victim** within one school day of receipt of bullying complaint?

Yes No Initials of school official: _____

Incident reported to parent/guardian of **alleged offender** within one school day of receipt of bullying complaint?

Yes No Initials of school official: _____

Additional pertinent information gained during investigation: (attach a separate sheet if necessary)

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Based on this investigation, the school administration determines the following:

There was a determination of bullying? Yes No

Yes – Take prompt and appropriate disciplinary actions pursuant to R.S. 17:416 and 416.2

No – If a violation of the another provision in the student code of conduct, take appropriate action.

Upon completion of an investigation, the principal/designee will notify the reporter and parents/legal guardian of the students involved of the findings and the result of the investigation.

Student	Parent/Guardian	Date of Notification	Method of Notification	Notes

Summary of Investigation:

Principal/Designee Signature:	Date:
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