Franklin Public Schools
Bullying Prevention and Intervention
Incident Reporting Form

A. Reporter Information

1. **Name of Reporter/Person Filing the Report:** _____
   (Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)

2. **Check whether you are the:**
   ☐ Target of the Behavior OR ☐ Reporter (not the target)

3. **Check whether you are a:**

   ☐ Student ☐ Staff member (specify role) _____
   ☐ Parent ☐ Administrator ☐ Other (specify) _____

4. **If student, state school name:** Choose One **Grade: Choose One**

5. **If staff member, state school work site:** Choose One **Grade: Choose One**

B. Incident Information

1. **Name of Target** (of behavior)**:** _____

2. **Name of Aggressor** (Person engaging in behavior)**:**_____

3. **Date(s) of Incident(s) (m/dd/yy) :**_____

4. **Time of Incident(s):** _____ ☐ A.M. ☐ P.M.

5. **Location of Incident(s)** (be as specific as possible)**:**_____

C. Witness Accounts (Full names and affiliation of people who saw the incident or have information about it):

1. **Name:** _____ ☐ Student ☐ Staff ☐ Parent ☐ Other _____
2. **Name:** _____ ☐ Student ☐ Staff ☐ Parent ☐ Other _____
3. **Name:** _____ ☐ Student ☐ Staff ☐ Parent ☐ Other _____
4. **Name:** _____ ☐ Student ☐ Staff ☐ Parent ☐ Other _____
5. **Name:** _____ ☐ Student ☐ Staff ☐ Parent ☐ Other _____
6. **Name:** _____ ☐ Student ☐ Staff ☐ Parent ☐ Other _____
7. **Name:** _____ ☐ Student ☐ Staff ☐ Parent ☐ Other _____
8. **Name:** _____ ☐ Student ☐ Staff ☐ Parent ☐ Other _____

D. Incident Details

Describe the details of the incident (including names of the people involved, what occurred and what each person did and said, including specific words used). Please use additional space on back if necessary.

_____

FOR ADMINISTRATIVE USE ONLY

A. Signature of Person Filing this Report:_____ Date (m/dd/yy): _____
(Note: Reports may be filed anonymously.)

B. Form Given to:_____ Position:_____ Date (m/dd/yy): _____

C. Signature:_____ Date Received:_____

E. Investigation:

1. Investigator(s): _____ Position:_____

2. Interviews:

- ☐ **Interviewed aggressor Name:_____ Date (m/dd/yy):_____**
- ☐ **Interviewed target Name:_____ Date (m/dd/yy):_____**
- ☐ **Interviewed witnesses Name:_____ Date (m/dd/yy):_____**
- ☐ **Interviewed witnesses Name:_____ Date (m/dd/yy):_____**
- ☐ **Interviewed witnesses Name:_____ Date (m/dd/yy):_____**
- ☐ **Interviewed witnesses Name:_____ Date (m/dd/yy):_____**
- ☐ **Interviewed witnesses Name:_____ Date (m/dd/yy):_____**

3. Any prior documented incidents by the aggressor? ☐ Yes ☐ No

If yes, have incidents involved target or target group? ☐ Yes ☐ No

Any previous incidents with findings of bullying, retaliation? ☐ Yes ☐ No

F. Summary of Investigation: _____

(Please use additional paper and attach to this document as needed)

G. Conclusions From the Investigation:

1. Finding of bullying or retaliation: ☐ Yes ☐ No

☐ Bullying ☐ Incident documented as: _____
☐ Retaliation ☐ Discipline referral only: _____

2. Contacts:

☐ Target's parent/guardian Date (m/dd/yy):_____
☐ Aggressor's parent/guardian Date (m/dd/yy):_____
☐ Central Office Date (m/dd/yy):_____
☐ Law Enforcement Date (m/dd/yy):_____

3. Action Taken:

☐ Loss of Privileges ☐ Detention ☐ Community Service
☐ Education ☐ Suspension ☐ Other: _____

4. Describe Safety Planning: _____

Follow-up with Target scheduled for Date (m/dd/yy):_____ Initial & Date when completed:_____

Follow-up with Aggressor scheduled for Date (m/dd/yy):_____ Initial & Date when completed:_____

Report forwarded to Principal: Date (m/dd/yy):_____

Report forwarded to Superintendent: Date (m/dd/yy):_____

Signature and Title:_____ Date (m/dd/yy):_____
(original signature)