Cadillac Area 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       □ 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: ____________________________ Grade: ______

5. If staff member, state school work site: ____________________________

B. Incident Information

1. Name of Target:

2. Name of Aggressor:

3. Date(s) of Incident(s):

4. Time of Incident(s):

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 ____________
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.

Signature of Person Filing this Report: ___________________________ Date: __________
(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY
Signature: ___________________________ Date Received: ________

Investigation:

1. Investigator(s): ___________________________ Position: ________________

2. Interviews:

☐ Interviewed aggressor Name: ________________ Date: ________
☐ Interviewed target Name: ________________ Date: ________
☐ Interviewed witness Name: ________________ Date: ________
☐ Interviewed witness Name: ________________ Date: ________
☐ Interviewed witness Name: ________________ Date: ________
☐ Interviewed witness Name: ________________ Date: ________
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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

E. **Summary of Investigation:** (Please use additional paper and attach to this document as needed)

F. **Conclusions From the Investigation:**
   1. Finding of bullying or retaliation (if yes, complete remainder of form):
      □ Yes □ No
      □ Bullying □ Incident documented as________________
      □ Retaliation □ Discipline referral only________________

   2. Was the conduct investigated in this incident related to a protected class (see below)?
      □ Yes □ No

   *Was the student targeted due to actual or perceived differentiating characteristics, such as race, color, religion, ancestry, national origin, sex, socioeconomic status, homelessness, academic status, gender identity or expression, physical appearance, pregnant or parenting status, sexual orientation, mental, physical, developmental or sensory disability? If yes, contact District Title IX Coordinator immediately.*

4. **Contacts:**
   □ Target’s parent/guardian __________________________ Date: _____
   □ Aggressor’s parent/guardian __________________________ Date: _____
   □ Central Office ______________________________________ Date: _____
   □ Law Enforcement (if applicable) ______________________ Date: _____
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5. Action Taken:
   □ Loss of Privileges  □ Detention  □ Community Service
   □ Education  □ Suspension  □ Other ________________________

6. Describe Safety Planning:

   Follow-up with Target Scheduled for: __________
   Initial & Date when completed: __________ Date: __________

   Follow-up with Aggressor(s) Scheduled for: __________
   Initial & Date when completed: __________ Date: __________

Signature and Title: _________________________________ Date: __________
Report reviewed by Superintendent (initial): __________ Date: __________

Revised 1/20