

Cadillac Area Public Schools Bullying Prevention and Intervention Incident Reporting Form

A. Reporter Information

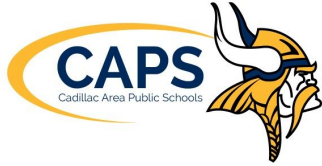
- Name of Reporter/Person Filing the Report:** _____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)
- Check whether you are the:**
 Target of the Behavior Reporter (not the target)
- Check whether you are a**
 Student Staff member (specify role)
 Parent Administrator Other (specify) _____
- If student, state school name:** _____ **Grade:** _____
- If staff member, state school work site:** _____

B. Incident Information

- Name of Target:**
- Name of Aggressor:**
- Date(s) of Incident(s):**
- Time of Incident(s):**
- 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):

- Name:** _____ Student Staff Parent Other _____
- Name:** _____ Student Staff Parent Other _____
- Name:** _____ Student Staff Parent Other _____
- Name:** _____ Student Staff Parent Other _____
- Name:** _____ Student Staff Parent Other _____



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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

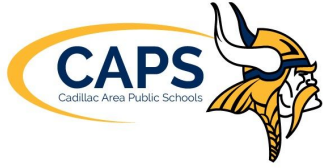
Signature: _____ Date Received: _____

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: _____
- 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)?

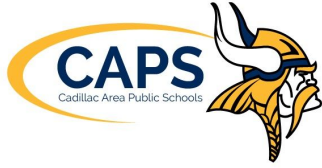
- Yes No

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