APPENDIX A

SALEM PUBLIC SCHOOLS

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

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) ____________________________

   Your contact information/telephone number:________________________________________________________

4. If student, state your school: _________________________________________________   Grade: _____________

5. If staff member, state your school or work site: _______________________________________________________

6. Information about the Incident:

   Name of Target (of behavior): ________________________________________________________________

   Name of Alleged Aggressor (Person who engaged in the behavior): _________________________________

   Date(s) of Incident(s):  ___________   ______________________________________________________

   Time When Incident(s) Occurred: ________________________________________________________________

   Location of Incident(s) (Be as specific as possible): _____________________________________________

7. Witnesses (List people who saw the incident or have information about it):

   Name: ___________________________________________   Student  Staff  Other _______________________

   Name: ___________________________________________   Student  Staff  Other _______________________

   Name: ___________________________________________   Student  Staff  Other _______________________

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

9. Signature of Person Filing this Report: ___________________________________________ Date: ______________
   (Note: Reports may be filed anonymously.)

10. Form Given to: __________________________________   Position: ______________________ Date: _________
APPENDIX A

FOR ADMINISTRATIVE USE ONLY

II. INVESTIGATION
1. Investigator(s): ____________________________ Position(s): __________________________

2. Interviews:
   - □ Interviewed aggressor Name: ____________________________ Date: ________________
   - □ Interviewed target Name: ____________________________ Date: ________________
   - □ Interviewed witnesses Name: ____________________________ Date: ________________

3. Any prior documented incidents by the aggressor? □ Yes □ No
   - If yes, have incidents involved target or target group previously? □ Yes □ No
   - Any previous incidents with findings of BULLYING, RETALIATION □ Yes □ No

Summary of Investigation:

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

III. 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: ________________
   - □ Aggressor's parent/guardian Date: ________________
   - □ District Equity Coordinator (DEC) Date: ________________
   - □ Law Enforcement Date: ________________

3. Action Taken:
   - □ Loss of Privileges □ Detention □ STEP referral □ Suspension
   - □ Community Service □ Education □ Other __________________________

4. Describe Safety Planning: ______________________________________

   Follow-up with Target: scheduled for __________________________ Initial and date when completed: ______
   Follow-up with Aggressor: scheduled for ________________________ Initial and date when completed: ______

Report forwarded to Principal: Date __________________
Report forwarded to Superintendent: Date ________________
(If principal was not the investigator)

Signature and Title: ____________________________________________ Date: ________________