

TRINITY CATHOLIC ACADEMY

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1.	(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 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
	Describe the details of the incident (including names of people involved, what occurred, and what each person did d said, including specific words used). Please use additional space on back if necessary.
	FOR ADMINISTRATIVE USE ONLY
9.	Signature of Person Filing this Report: Date: Date:





TRINITY CATHOLIC ACADEMY

10: Form Given to:		Position:	Date:	
Signature:		Date Received:		
II. INVESTIGATION				
1. Investigator(s):		·	Position(s):	
2. Interviews:				
□ Interviewed aggressor	Name:		Date:	
□ Interviewed target	Name:		Date:	
□ Interviewed witnesses	Name:		Date:	
	Name:		Date:	
3. Any prior documented Inciden	ts by the aggressor?	□ Yes □ No		
If yes, have inciden	ts involved target or ta	arget group previously?	□ Yes □ No	
Any previous incid	ents with findings of B	BULLYING, RETALIATION	□ Yes □ No	
Summary of Investigation:				
(Pleas	se use additional paper	and attach to this document	as needed)	
III. CONCLUSIONS FROM THE INV	ESTIGATION			
1. Finding of bullying or retaliation	n:			
□ YES		□ NO		
□ Bullying		□ Incident documented as		
□ Retaliation		□ Discipline referral of	only	
2. Contacts:				
□ Target's parent/guardian	Date:	□ Aggressor's parent/	guardian Date:	
□ District Equity Coordina	tor (DEC) Date:	□ Law Enforce	ement Date:	
3. Action Taken:				
□ Loss of Privileges □ D	etention 🗆 STEP ref	erral 🗆 Suspension		
□ Community Service □ E	ducation □ Other			
4. Describe Safety Planning:				
Follow-up with Target: sch	eduled for	Initial	and date when completed:	
Follow-up with Aggressor:	scheduled for	Initial	and date when completed:	
Report forwarded to Principal: Dat		Report forwarded to Sup	erintendent: Date	
(If principal was not the investigation and Title:	stigator)		Date:	

