

B.I.N.T. – BULLYING IS NOT TOLERATED

This form is to be completed to report immediate knowledge of student bullying.

Bullying Definition: Aggressive behavior that is intentional, repeated, and involves a power imbalance.

Date of Report: _____

Date of Incident: _____

Reporter Information

Name:	Relationship to Target:
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Target Information (if different from above)

Name:	School:
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Alleged Offender(s) Information

Witness(es) Information:

Name/School:	Name/School:
Name/School:	Name/School:

Did the incident involve any of the following features?

Emotional/Mental abuse	No <input type="checkbox"/>	Yes, in person <input type="checkbox"/> Yes, electronically <input type="checkbox"/>	If yes, please give brief explanation:
Sexual harassment	No <input type="checkbox"/>	Yes, in person <input type="checkbox"/> Yes, electronically <input type="checkbox"/>	If yes, please give brief explanation:
Discrimination based on race, class, gender, sexual orientation, religion or disability	No <input type="checkbox"/>	Yes, in person <input type="checkbox"/> Yes, electronically <input type="checkbox"/>	If yes, please give brief explanation:
Threat to someone's physical safety	No <input type="checkbox"/>	Yes, in person <input type="checkbox"/> Yes, electronically <input type="checkbox"/>	If yes, please give brief explanation:

Explanation/Description:

If yes to any of the above features, was the above named offender involved prior to this reported incident?
Yes No

My signature signifies that all the information provided in this report is true to the best of my knowledge.

Note: Any disciplinary action resulting from this investigation will be disclosed only with the parent(s) of the offender.

Signature: _____

Date: _____

Principal/Designee Signature: _____

Date: _____

ATTACH DOCUMENTATION OF ALL EVIDENCE RELATED TO INCIDENT

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This form is to be completed by the target or the person interviewing the target.

Target Name: _____

Date of Report: _____ Date of Incident: _____

Did the incident result in a substantial disruption of the school environment or infringe on your rights or the rights of others in any of the following areas:

Classroom	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give brief explanation:
Hallway	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give brief explanation:
Lunch Room	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give brief explanation:
Restroom	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give brief explanation:
Bus/Bus Stop	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give brief explanation:
Playground	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give brief explanation:
Locker Room	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give brief explanation:
School related functions Please specify:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give brief explanation:

Description of Incident (use back of this sheet if needed):

My signature signifies that all the information provided in this report is true to the best of my knowledge.

Signature: _____

Date: _____

Principal/Designee Signature: _____

Date: _____

ATTACH DOCUMENTATION OF ALL EVIDENCE RELATED TO INCIDENT

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This form is to be completed by the alleged offender or the person interviewing the alleged offender.

ALLEGED OFFENDER REBUTTAL STATEMENT

Student Name: _____

Date of Report: _____

You have been referred to school administration for a reported incident of bullying behavior.

Description of Incident:

Witness Information:

Name:	School:
Name:	School:

My signature signifies that all the information provided in this report is true to the best of my knowledge.

Signature: _____

Date: _____

Principal/Designee Signature: _____

Date: _____

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This form is to be completed by a witness or the person interviewing the witness.

WITNESS STATEMENT

Student Name: _____

Date of Report: _____

You were referred to school administration as a possible witness for a reported incident of bullying behavior.

Description of Incident:

My signature signifies that all the information provided in this report is true to the best of my knowledge.

Signature: _____

Date: _____

Principal/Designee Signature: _____

Date: _____

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BULLYING/CYBER-BULLYING PREVENTION ACTION PLAN

Student Name: _____

Steps taken to prevent further incidents of bullying/cyber-bullying behavior from occurring in the future:

I have been made aware of the Bullying/Cyber-bullying Action Plan and I will adhere to the plan as outlined above. I understand that further consequences may occur if this plan is not followed.

Student Signature: _____

Date: _____

I have been made aware of the reported incident and the subsequent Bullying/Cyber-bullying Action Plan.

Parent/Guardian Signature: _____

Date: _____

Principal/Designee Signature: _____

Date: _____

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FOR SCHOOL ADMINISTRATION USE ONLY

Final Resolution of Incident(s) Form

Principal or Designee who investigated: _____

Date investigation was initiated and date concluded: _____ / _____

STUDENTS, TEACHERS, STAFF INTERVIEWED:		
Name(s) of target(s):	Name of alleged offender(s):	Name(s) of witness(es):

FINDINGS OF INVESTIGATION:	
• Violation of Bullying, Harassment, Cyber-bullying Policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Violation of Student Discipline Policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Did incident involve discrimination on any of the protected classes under federal civil rights?	
○ Race, color, national origin, religion:	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Gender-based discrimination: <i>(including but not limited to sexual harassment, pregnancy discrimination, athletics, etc.):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Did the incident involve the use of electronic technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Did the incident involve suspension or expulsion of one or more students?	Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No Expulsion <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Resolution:

Repeat Offender: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Resolution Completed:	
Signature of Principal/Designee:	

<p>NOTE: Please send a copy of the completed Final Resolution form to Karen Glenn. If physical harm or threat of physical harm occurred, please also send a copy to your Operations Director.</p>
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