

**Gadsden County School District  
BULLYING AND HARASSMENT FINAL REPORT FORM**

<b>School Personnel Completing Form:</b>	<b>Position:</b>
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<b>Today's Date</b>	Month	Day	Year	<b>School:</b>
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<b>Name of Person Who Reported the Incident (From Reporting Form):</b>
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<b>Date of Initial Report:</b>	<b>Telephone:</b>	<b>E-mail:</b>
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- |                              |                        |  |
|------------------------------|------------------------|--|
| <b>Student</b>               | <b>Parent/guardian</b> | <b>Other (specify)</b>                         |
| <b>Written Report (form)</b> | <b>Verbal Report</b>   | <b>Other (specify)</b> <b>Anonymous Report</b> |

<b>Name of alleged victim:</b>
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<b>Male/Female</b>	<b>Grade</b>	<b>Age</b>	<b>Race</b>	<b>Disabled</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Days absent as a result of the incident:</b>
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Name(s) of alleged offender(s) (if known)	Age	School	Is he/she a student?		Days absent due to incident (include OSS)
			YES	NO	

**INVESTIGATION**

**1. Parents/legal guardians of all involved were notified after the investigation was initiated.**

<b>Date:</b>	<b>Method:</b>
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**2. What actions were taken to investigate this incident? (choose all that apply)**

Interviewed alleged victim <b>Date:</b>	Interviewed alleged victim's parent/guardian <b>Date:</b>
Interviewed alleged offender(s) <b>Date:</b>	Interviewed alleged offender's parent/guardian <b>Date:</b>
Interviewed witnesses <b>Date:</b>	Examined physical evidence
Witness statements collected in writing	Conducted student record review (for past incidents, etc.)
Reviewed any medical information available	Obtained copy of police report
Interviewed teacher/relevant school staff <b>Date:</b>	Other (specify)

**3. Nature of Incident: Possible reasons/alleged motives for the bullying incident (choose all that apply – be specific)**

Because of race	Because of physical appearance
Because of national origin	To impress others
Because of marital status	Just to be mean
Because of gender	Past conflicts
Because of gender identity	Retaliation
Because of religion	Because of another reason (specify):
Because of imbalance of power	The reason is unknown

6.	Brief summary of incident:
7.	Where has the alleged bullying/harassment occurred:
8.	Was a clear threat involved? <input type="checkbox"/> YES <input type="checkbox"/> NO
9.	<p>Frequency and History: Did the alleged bullying occur at regular times/occasions/places? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>How Often?</p> <p>Have any incidents occurred in the past by the same person/people? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Any past incidents from a different person/people? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**10. Effects of the bullying or harassment incident:**

	Disrupted school environment and the educational process
	Physical Harm. Any possible permanent effects? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Emotional/psychological harm or discomfort
	Absenteeism
	Damage to reputation and/or relationships
	Other (specify)

**11. What corrective actions were taken in this case?**

UNSUBSTANTIATED		SUBSTANTIATED – LEVEL III	
	Parent contact		Parent contact
	Student conference		Behavior/No Contact contract
	Student warning		Suspension from bus – How many days _____
	Withdrawal of privileges		In-school suspension – How many days _____
	Detention – How many days _____		Out-of-school suspension – How many days _____
	In-school suspension – How many days _____		Referral to law enforcement
	Counseling: Details _____		Counseling: Details _____
	Other: _____		Other (specify) _____

**12. What actions were taken in this case to protect the victim? (choose all that apply in both cases of substantiated and unsubstantiated incidents)**

	Safety plan in place		No contact directive
	Monitoring situation		Additional bullying prevention education delivered
	Schedule change		Following-up meeting in place
	Transportation supervision		Counseling: Details _____
	Recommended staff the victim can go to if they feel unsafe		Other: _____

13. Parents/legal guardians of all involved were notified that the investigation is complete.

**Date:** \_\_\_\_\_ **Method** \_\_\_\_\_

14. Parents informed of the investigation outcome and the actions taken to protect the victim. **Date** \_\_\_\_\_

Informed: \_\_\_\_\_ By Phone \_\_\_\_\_ In Parent Conference \_\_\_\_\_ By Letter

15. Additional pertinent information gained during investigation \_\_\_\_\_

\_\_\_\_\_  
(Attach a separate sheet if necessary)

16. Physical evidence collected \_\_\_\_\_

\_\_\_\_\_  
(Attach a separate sheet if necessary)

This allegation is:                      **Substantiated**                      **Unsubstantiated**

17. Entered in district discipline system:  Yes     No

**Substantiated** - BUL – Bullying or HAR – Harassment

**Unsubstantiated** - UBL – Unsubstantiated Bullying or UHR – Unsubstantiated Harassment

If **unsubstantiated** as bullying and/or harassment, what was the infraction? (Examples: disrespect, misconduct, altercation, intimidation/threats, verbal confrontation, unauthorized use of technology, other)

\_\_\_\_\_  
Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Attach copies of supporting documentation (Bullying/Harassment Report Form, Witness Statement Form, all interview notes, and any physical evidence for your records. Send a copy of this form to Student Services)\*\*

## Bullying or Harassment Reporting Form (Rev. 5/13)

This form should be used to report a possible incident of bullying as defined in the Gadsden County School District's Policy Prohibiting Bullying and Harassment.

**Any student can report bullying or harassment by talking to an administrator or completing this form and returning it to an assistant principal or principal. This form can be placed in the school's designated drop off spot for anonymous reporting.**

### PLEASE PRINT

Your name (optional): \_\_\_\_\_

School: \_\_\_\_\_

Name(s) of student(s) accused of bullying and/or harassment: \_\_\_\_\_

Is this the first time you have been bullied or harassed?  Yes  No

If NO, is the bullying by the same person(s) or a different person(s):  Same person  Different person

Were any of these incidents previously reported?  Yes  No      To Whom: \_\_\_\_\_

Where do the incidents happen (choose all that apply)

<input type="checkbox"/> On school property	<input type="checkbox"/> At a school sponsored activity or event off of school property	<input type="checkbox"/> On the computer
<input type="checkbox"/> On a school bus	<input type="checkbox"/> On the way to/from school	<input type="checkbox"/> Other
On what dates did the incidents happen? _____		

Choose the statement(s) that best describes what happened (choose all that apply)

<input type="checkbox"/> Teasing	<input type="checkbox"/> Threat	<input type="checkbox"/> Stalking	<input type="checkbox"/> Theft	<input type="checkbox"/> Cyberbullying
<input type="checkbox"/> Social exclusion	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Physical violence	<input type="checkbox"/> Public humiliation	<input type="checkbox"/> other

What did the alleged offender(s) say or do? \_\_\_\_\_

Were there any witnesses?  Yes  No

\_\_\_\_\_  
Signature of student/employee completing this form (optional)      Date \_\_\_\_\_

Thank you. This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in IMMEDIATE danger, please contact a trusted adult right away!

#### For Office Use Only

Date Received:	_____
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## Bullying Witness Statement Form (Rev. 5/13)

This form must be completed when there is a witness to an incident of alleged bullying. One form must be completed for each witness. All witness statements that relate to one incident should be attached to the Bullying or Harassment Reporting Form.

DATE OF INTERVIEW: \_\_\_\_\_

WITNESS NAME	WITNESS TITLE (ex. Parent, Student, or Teacher)
VICTIM NAME	
ACCUSED NAME	
PRINCIPAL/SCHOOL	INCIDENT DATE

Describe the location where the incident took place:

Description of incident witnessed:

Did you take any action to intervene?  Yes  No  
If so, what did you do?

Have you witnessed any other bullying/harassing behavior towards the victim before?  Yes  No

If yes, was it by the accused or someone different?  Yes  No

List any other witness names and grades:

**I agree that all the information on this form is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Signature of witness Date

\_\_\_\_\_  
Name of person interviewing witness

### Bullying Complaint Report Form

This report **MUST** be completed to file a complaint relating to an incident of alleged bullying (*for the purpose of this form, bullying encompasses bullying, harassment, and discrimination*) and turned in to the school Principal/ designee of the victim's home school or the appropriate area/district office.

PERSON FILING COMPLAINT (last, first, middle)	SEX	GRADE
VICTIM'S NAME (last, first, middle)	SEX	GRADE
ACCUSOR'S NAME (last, first, middle)	SEX	GRADE
SCHOOL SITE (or site where incident occurred)	HOME SCHOOL/DEPT. OF VICTIM	
PRINCIPAL/ADMINISTRATOR	INCIDENT DATE / /	

Describe the location where the incident took place: \_\_\_\_\_

Describe the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all witness names and grades: List evidence of bullying (letters, photos, etc. – attach evidence if possible):

\_\_\_\_\_  
\_\_\_\_\_

**I agree that all of the information on this form is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date

Be sure to attach any supporting documentation/evidence/investigation.

<b>Action</b>	Agreed to Informal Resolution (Student-Student only)	Formal Resolution	Appeals: Referral to Area Superintendent and/or Appropriate Area/District
<b>Date</b>			
<b>Outcome</b>			
<b>Signatures</b>			

Thank you. This report will be followed up within 2 school/work days.

If you fear a student is in IMMEDIATE danger, please contact the police immediately!

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