

EXHIBIT B

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/Guardian 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 _____
-

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 sheets of paper if necessary and attach them to this document.**
-

FOR ADMINISTRATIVE USE ONLY

9. **Signature of Person Filing this Report:** _____ **Date:** _____
(Note: Reports may be filed anonymously.)
10. **Form Given to:** _____ **Position:** _____ **Date** _____
Signature: _____ **Date Received:** _____

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 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 sheets of 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: _____
 - Catholic Schools Office Date: _____ Law Enforcement Date: _____
 3. Action Taken:
 - Loss of Privileges Detention 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: _____
(If principal was not the investigator)

Signature and Title: _____ Date: _____