



Roman Catholic Diocese of Phoenix
BULLYING/HARASSMENT PREVENTION AND INTERVENTION INCIDENT FORM

Appendix A-4

SCHOOL: _____

NAME OF PERSON PREPARING REPORT: _____

Check whether you are the: Target of the behavior Reporter (not the target)

Check whether you are a: Student-Grade _____ Staff member (specify role) _____
 Parent Administrator Other (specify) _____

I. **INFORMATION ABOUT INCIDENT:** DATE OF INCIDENT: _____ TIME OF INCIDENT _____

List who did the bullying/harassment _____ Grade _____

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List who received threats/bullying/harassment _____ Grade _____

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List Name(s) of witness(es) _____ Grade _____

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Indicate the type(s) of threatening/bullying behavior

<input type="checkbox"/>	Physical (hitting, pushing, poking, kicking, spitting, etc.)
<input type="checkbox"/>	Social/Emotional (taunting, mocking, spreading rumors, peer isolation, name calling etc.)
<input type="checkbox"/>	Verbal Threats of Aggression (inflicting harm, revealing personal information, etc.)
<input type="checkbox"/>	Cyber (email, Facebook, blogs, text messaging, cell phone, etc.)
<input type="checkbox"/>	Racial (racial or ethnic slurs, jokes, exclusion, etc.)
<input type="checkbox"/>	Sexual (jokes, verbal innuendos, public embarrassment, labeling, etc.)
<input type="checkbox"/>	Property (theft, graffiti, defacing or destruction of clothing or personal items, etc.)
<input type="checkbox"/>	Other:

Using the space below and/or on an additional attached sheet, describe in succinct, objective terms the event and/or behavior. Include the place, time, actions/reaction, and specific language of the incident, and copies written or electronic messages.

I certify that the above incident(s) are true and reflect to the best of my knowledge and recall an accurate and factual statement of the event(s).

Signature of Person Filing Report: _____ Date: _____

Contact Telephone Number(s): _____

This report should be kept in a separate file. Do not place in student file.



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FOR ADMINISTRATIVE USE ONLY

Name of person receiving report Position Date

Signature of person receiving report

II. NOTIFICATIONS:

PARENT/ GUARDIAN:

Victim parent/guardian:
 • Name: _____ Date: _____ Comment: _____
 Accused parent/guardian:
 • Name: _____ Date: _____ Comment: _____
 Witness parent/guardian:
 • Name: _____ Date: _____ Comment: _____

OTHER PERSONS NOTIFIED:

• Name: _____ Date: _____ Comment: _____

III. INVESTIGATION

Investigator: _____ **Position:** _____

Interviews:

Interviewed aggressor:
 • Name: _____ Grade: _____ Date: _____
Interview victim:
 • Name: _____ Grade: _____ Date: _____
Interview witness(es):
 • Name: _____ Grade: _____ Date: _____

Summary of Investigation:

IV. CONCLUSIONS FROM THE INVESTIGATION

Finding of Bullying Yes No **Date:** _____
Action Taken:

Principal Signature _____ **Date** _____

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