Gadsden County School District
BULLYING AND HARASSMENT FINAL REPORT FORM

School Personnel Completing Form:	**Position:**

Today's Date	Month	Day	Year	**School:**

Name of Person Who Reported the Incident (From Reporting Form):

Date of Initial Report:	**Telephone:**	**E-mail:**	
☐ **Student**	☐ **Parent/guardian**	☐ **Other (specify)**	
☐ **Written Report (form)**	☐ **Verbal Report**	☐ **Other (specify)**	☐ **Anonymous Report**

Name of alleged victim:

Male/Female	**Grade**	**Age**	**Race**	**Disabled** ☐ **YES** ☐ **NO**	**Days absent as a result of the incident:**

Name(s) of alleged offender(s) (if known)	**Age**	**School**	**Is he/she a student? YES**	**NO**	**Days absent due to incident (include OSS)**

INVESTIGATION

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

Date:	**Method:**

2. What actions were taken to investigate this incident? (choose all that apply)

	Interviewed alleged victim **Date:**		Interviewed alleged victim's parent/guardian **Date:**
	Interviewed alleged offender(s) **Date:**		Interviewed alleged offender's parent/guardian **Date:**
	Interviewed witnesses **Date:**		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 **Date**:		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

4. Brief summary of the incident:

5. Where has the alleged bullying/harassment occurred:

6. Was a clear threat involved? ☐ YES ☐ NO

7. Frequency and History: Did the alleged bullying occur at regular times/occasions/places? □ YES □ NO

10. Effects of the bullying or harassment incident:

	Disrupted school environment and the educational process
	Physical Harm. Any possible permanent effects? ☐ YES ☐ 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 (Bulling/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)

	On school property		At a school sponsored activity or event off of school property		On the computer
	On a school bus		On the way to/from school		Other
On what dates did the incidents happen?					

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

	Teasing		Threat		Stalking		Theft		Cyberbullying
	Social exclusion		Intimidation		Physical violence		Public humiliation		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:	

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 into 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.

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

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

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