

BULLYING INVESTIGATION FORM

Instructions: Attach all reports, documents, evidence, and written accounts of the alleged bullying incident(s) to this investigation form.

Date of bullying report: _____

Designated administrator:

Date designated administrator received report:

Date investigation began: _____ Date investigation
completed: _____

Investigator: _____ Position/Title: _____

I. Initial Review

Is the alleged bullying incident(s) within the Centennial BOCES's authority to investigate?

Yes No *If No, notify the Complainant and provide resource for support. If Yes, move to next question.*

Is the alleged bullying incident(s) within the scope of this exhibit's accompanying policy?

If No, the report should be promptly investigated pursuant to the applicable CBOCES policy. If Yes, promptly investigate the complaint pursuant to this exhibit's accompanying policy.

If possible criminal conduct is involved, was law enforcement notified?
Yes No NA

Date: _____ Contact person:

Status, if known:

II. Bullying Report & Investigation Information

Name of Complainant:

Check one: Student Parent/Guardian Staff Other (please specify): _____

If a student, specify school and grade (optional):

If a parent/guardian or other, provide contact information:

Is the Complainant the target of the alleged bullying being reported? Yes
 No

Does the Complainant wish to remain anonymous? Yes No

Student(s) reported as targets of alleged bullying (use reverse side if needed):

Name: _____ School: _____ Grade: _____
Name: _____ School: _____
Grade: _____ Name: _____ School: _____
Grade: _____

Person(s) reported as engaged in alleged bullying conduct (use reverse side if needed):

Name: _____ Student Staff
] Other
Name: _____ Student Staff
] Other
Name: _____ Student Staff
] Other

Person(s) reported as having witnessed or knowledge about the alleged bullying (use reverse side if needed):

Name: _____ Student Staff
Other
Name: _____ Student Staff
Other
Name: _____ Student Staff
Other
Name: _____ Student Staff
Other

Description of the alleged bullying incident(s), including date(s), time(s), and location(s), methods (e.g., physical, verbal, written, electronic/social media, psychological, social, images or items displayed or worn, etc.), how

Have there been any prior incidents of bullying (alleged or substantiated) involving any or all of the involved individuals?

Additional school staff, if any, involved in investigation:

Name: _____ Position: _____

Role in Investigation: _____

Name: _____ Position: _____

Role in Investigation: _____

Name: _____ Position: _____

Role in Investigation: _____

III. Special Education Review

Do any of the students involved in the alleged bullying incident(s) receive special education services under an IEP or a Section 504 Plan, or are any of the students in the process of being referred or evaluated for special

education services? *If Yes, refer to student's IEP or 504 Plan and contact special education director or Section 504 coordinator.*

Yes No

Name: _____ Date of contact: _____

IEP 504 Plan Referral or Evaluation

Name: _____ Date of contact: _____

IEP 504 Plan Referral or Evaluation

Name: _____ Date of contact: _____

IEP 504 Plan Referral or Evaluation

IV. Interim Measures

Were any interim measures implemented for any of the involved students?

Yes No

Student Name: _____ School: _____ Grade: _____

_____ Description of interim measure (e.g., safety plan, duration, etc.)
(attach documentation):

Student Name: _____ School: _____ Grade: _____

_____ Description of interim measure (e.g., safety plan, duration, etc.)
(attach documentation):

Student Name: _____ School: _____ Grade: _____

_____ Description of interim measure (e.g., safety plan, duration, etc.)
(attach documentation):

Staff Member (name and position/title):

Date(s) of Contact:

Type of Contact (phone, in person, email):

Summary of information provided, discussion, and next steps:

Student Name: _____ School: _____ Grade:

Parent/Guardian Contacted:

Staff Member (name and position/title):

Date(s) of Contact:

Type of Contact (phone, in person, email):

_____ Summary of information provided,
discussion, and next steps: _____

Student Name: _____ School: _____ Grade:

Parent/Guardian Contacted:

Staff Member (name and position/title):

Date(s) of Contact:

Type of Contact (phone, in person, email):

_____ Summary of information provided,
discussion, and next steps: _____

V. Interventions

Interventions to address bullying may include, but are not limited to, school social work services, restorative measures, social-emotional skill building, counseling, school psychological services, development of a safety plan, community-based services, and discipline. *Centennial BOCES should refer to its code of conduct and discipline policies and procedures for next steps regarding any disciplinary actions that may result from a bullying incident.*

Student Name: _____ School: _____ Grade: _____
Intervention: _____

Outcome: _____

Student Name: _____ School: _____ Grade: _____
Intervention: _____

Outcome: _____

Student Name: _____ School: _____ Grade: _____
Intervention: _____

Outcome: _____

VI. Recordkeeping

The bullying report, investigation checklist/documentation and evidence, written findings reports (if any), records of any responsive actions in accordance with applicable law,, and any other records related to investigating the reported incident(s) of bullying and any responsive actions will be maintained in accordance with applicable law and BOCES policy.

Checklist and documentation submitted to):

_____ Date: _____

Investigator Signature: _____ Date: _____

Revised: May 19, 2022
Adopted: November 19, 2020
Centennial BOCES