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 nvestigate? [] 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 gra	ade (optional):	
If a parent/guardian or other, prov	ide contact information:	
Is the Complainant the target of the alleg	ged bullying being repor	ted? [] Yes
Does the Complainant wish to remain and	onymous? [] Yes [] No	
Student(s) reported as targets of alleged needed):	bullying (use reverse si	de if
Name: Name:	School: School:	Grade:
Grade: Name: Grade:	S	chool:
Person(s) reported as engaged in alleged if needed):	I bullying conduct (use r	everse side
Name:	[] Stude	nt [] Staff [
] Other Name:	[] Stude	nt [] Staff
] Other Name:] Other	[] Stude	nt [] Staff
Person(s) reported as having witnessed obullying (use reverse side if needed):	or knowledge about the	alleged
Name:	[] Student	[] Staff []
Other Name:	[] Student	[] Staff []
Other Name:	[] Student	[] Staff []
Other Name: 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

often the incident(s) occurred, whether an imbalance of power exists between the target and the perpetrator, d the relationships of the involved individuals and whether the alleged bullying was based on any protected category under federal or state law or school board policy(use reverse side and/or additional pages if needed):

Did the complainant allege that the student(s) were the targets of the alleged bullying in any of the following way(s)? (Check all that apply.) [] Electronic devices (e.g., internet, Social media platforms, text, email, cyber-bullying, etc.) [] Written communication (e.g., email, handwritten notes, other written documents, etc.)

[] Physical act or conduct (e.g., pu property, stalking, etc.) [] Verbal act or conduct (e.g., rum derogatory slurs, etc.) [] Social (e.g., purposeful exclusion [] Items depicting implied hatred of displayed [] Other (please explain):	ors, lies, name-calling, using n, causing psychological harm, etc.)
Did the complainant allege that the alleany of the following characteristics? (Chappropriate policy and procedure address opportunity or sexual harassment under [] Race [] Color [] National Origin [] Religion [] Sex [] Ancestry [] Age [] Marital status [] Military Status [] Physical disability [] Mental disability	heck all that apply: if yes, refer to the essing nondiscrimination/equal
Evidence of alleged bullying provided to possession (e.g., school or bus surveilla photographs, digital images, emails, let police reports, etc.) (attach all evidence	ance video, cell phone video, tters, written statements, notes,

Have there been any prior incidents of involving any or all of the involved indi	
	
	
	
Additional school staff, if any, involved	in investigation:
Name:	Position:
Name.	rosition.
5.1.1	
Role in Investigation:	
Name:	Position:
	
Role in Investigation:	
	
Name:	Position:
Role in Investigation:	
Note 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

special education director or Section 504 [] Yes [] No	
Name:	Date of contact:
[] IEP [] 504 Plan [] Referral or Eva	aluation
Name:	Date of contact:
[] IEP [] 504 Plan [] Referral or Eva	aluation
Name:	Date of contact:
[] IEP [] 504 Plan [] Referral or Eva	aluation
IV. Interim Measures Were any interim measures implemented [] Yes [] No	for any of the involved students?
Student Name: Description of interim measure (e.g (attach documentation):	
Student Name: Description of interim measure (e.g (attach documentation):	
Student Name: Description of interim measure (e.g (attach documentation):	School: Grade: ., safety plan, duration, etc.)

V. FindingsSummary of findings of the investigation (i.e., determine whether the

alleged conduct did or did not constitute bullying or other prohibited behavior under this exhibit's accompanying policy; determine whether the alleged conduct adversely affected any of the involved students' education ceducational environment; and why) (attach additional pages if needed):

		
		
		
of bullying and their parent and any other information of designated administrator. The Centennial BOCES policy, proconsideration the circumstate report or meetings with each and may include an overview investigation, and the action bullying. <i>Information share</i>	ication he students involved in the alleguardians of the outcome of the emed appropriate by the investe information may be provided cedures, and practice, as well ces of the matter, in the form of student and the student's pare of the investigation process, to taken to address the reported with students and parents/guarw and Centennial BOCES policy	ne investigation tigator and , based on as taking into of a written ents/guardians, he findings of the I incident of rdians must be in
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:	<u> </u>	
Type of Contact (phone, in person, email):	ry of information	
discussion, and next steps: Summa	•	provided,
Student Name:	School:	Grade:
Parent/Guardian Contacted:		
Staff Member (name and position/title):		
Date(s) of Contact:		
Type of Contact (phone, in person, email): Summ	eary of information	 n provided
discussion, and next steps:		i provided,

V. Interventions Interventions to address bullying may inclusorial work services, restorative measures counseling, school psychological services, community-based services, and discipline. its code of conduct and discipline policies a regarding any disciplinary actions that may	, social-emotional ski development of a saf <i>Centennial BOCES sl</i> and procedures for ne	ll building, ety plan, hould refer to ext steps
Student Name:	School:	Grade:
Intervention:		
Outcome:		
Student Name:Intervention:	School:	Grade:
Outcome:		
Student Name: Intervention:	School:	Grade:
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