

EULA ISD BULLYING/HARASSMENT INCIDENT REPORT FORM

Date of Incident: _____ **Time of Incident:** _____ **Repeat infraction?** YES NO

Location of Incident (circle all that apply):

Hallway Restroom Classroom Gym Cafeteria Locker Room Bus Stop On Bus Parking Lot

To/From School School-Sponsored Event Text/Phone/Internet/Social Media Other: _____

Name of victim(s):

Name of student(s) bullying:

Name(s) of witnesses/bystanders:

Type of Bullying:

Verbal

Physical: Result in injury? YES NO Reported to School Nurse? YES NO Reported to Police? YES NO

Electronic

Written

Bullying Behaviors (circle all that apply):

Shoved/Pushed	Hit, Kicked, Punched	Threatened	Stole/Damaged Possessions
Excluded	Taunting/ridiculing	Writing/Graffiti	Told Lies or False Rumors
Staring/Leering	Intimidation/Extortion	Demeaning Comments	Inappropriate touching
Cyber-bullying using:	Text messages	Website	Email
			Other: _____

Reported to school by (circle all that apply):

Teacher Student Bystander Victim/Target Parent Bus Driver Anonymous

Other: _____

Describe the incident:

Physical Evidence: Notes Email Graffiti Video/audio Website Other: _____

****By signing below, I acknowledge that this report is true to the best of my understanding. I also acknowledge that false reporting will result in disciplinary actions according to the Eula ISD administration. ****

Today's Date: _____ **Printed Name:** _____ **Signature:** _____

Eula ISD Administrator Protocol

Investigation

1. Where did the incident happen? _____
2. What immediate action was taken while the investigation is being conducted? _____
3. What actions were taken to investigate the incident? (choose all that apply)
 - Interviewed student victim
 - Interviewed alleged offender(s)
 - Interviewed witnesses – Name of witness(es): _____
 - Collected statements in writing
 - Interviewed teachers and/or school staff
 - Interviewed student victim’s parent/guardian
 - Interviewed alleged offender’s parent/guardian
 - Other: _____
4. What happened? _____

5. Why did the bullying or harassment allegedly occur (motive)? _____

Offender Follow-Up

Name of Student: _____ **Previous Infractions?** ___ Yes ___ No

Consequences: _____

Referral for additional support services: _____

Parent Contact: Date _____ Time _____ Person making contact: _____

Result: _____

Victim/Target Follow-Up

Name of Student: _____

Conference Date: _____ **Time:** _____ **Conducted by:** _____

People present:

Administrator _____ Student Services _____ Counselor _____

Teacher _____ Student _____ Parent _____

According to student, situation is: _____ Better _____ Worse _____ No difference

Comments: _____

Additional Administrator Actions / Notes: