

MSAD 59 BULLYING INVESTIGATION FORM

Date: _____

1. Name of person investigating alleged incident(s): _____
 Position/title of investigator: _____
 Name of complainant/person reporting bullying: _____
 Name(s) of alleged target(s): _____
 Complainant/reporter is (circle one): Student Parent School employee
 Coach/advisor Volunteer Other _____
 Name(s) of alleged bully(ies): _____
 Name(s) of potential witnesses: _____

2. Relationship between alleged target(s)/bully(ies): _____

3. Did the alleged incident(s) occur (check one or more):
 on school property (including a school bus)
 at a school sponsored activity
 through use of technology
 elsewhere

Time and location(s) of incident(s): _____

4. Is this a first time occurrence or has the same or similar occurred previously?
 Yes No

5. Interview of complainant/reporter's, description of alleged incident(s):

6. Interview of alleged bully(ies): _____

7. Name(s) of potential witnesses, if any: _____

8. Witnesses interviewed and summary of witness information provided:

9. Further evidence of bullying (videos, photos, email, letters, etc.):

10. Is the alleged bullying substantiated, i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy? Yes No

11. Nature of harm incurred:

- Physical harm to student or damage to student's property
- Student's reasonable fear of physical harm or damage to property
- Infringement of student's rights at school

12. Conduct resulting in harm (in item 11 above) is on the basis of:

- | | |
|---|--|
| <input type="checkbox"/> National origin/ancestry/ethnicity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Physical, mental, emotional or learning disability | <input type="checkbox"/> Age |
| <input type="checkbox"/> Gender/gender identity/expression | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Physical appearance |
| <input type="checkbox"/> Socioeconomic status | <input type="checkbox"/> Family status |
| <input type="checkbox"/> Other distinguishing personal characteristics | |

13. Summary of investigation/Explanation of findings:

14. Recommended disposition and/or recommended disciplinary action (including alternative discipline, support for targeted student, other intervention/referral)

15. Notification to parent/guardian – alleged target [_____]

Date

Notification of parent/guardian – alleged offender(s) [_____]
Date

16. Recommendation of report to law enforcement? Yes No
____ Potential criminal violation
____ Potential civil rights violation

Signature of investigator: _____

If investigator is not building principal, copy to principal on [_____]
Date

Copy to Superintendent on [_____]
Date

Adopted: April 14, 2014