

## Polk School District Bullying Incident Reporting Form

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g. Incident Report to be filed in the disciplinary record and entered into PowerSchool after an investigation and a determination that bullying has occurred.

**Directions:** Bullying is a serious offense and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged bullying, complete this form and return it to the Principal or Administrative Designee at the student’s school. All school employees are required to report alleged violations. Contact the school for additional information or assistance at any time. If you wish to remain anonymous, omit signature and name and mail to the attention of: **Student Services; Polk School District Board of Education; P.O. Box 128; Cedartown, GA. 30125** (Note: No disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)

**Every reported act of bullying will be investigated.**

Name of Student Target: \_\_\_\_\_ Grade/School: \_\_\_\_\_

Name(s) of Alleged Offenders	Grade	School	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where did the incident occur? (Check all that apply)	What happened during the incident? ( Check all that apply)	Did a physical injury result from this incident? (Check one)
<input type="checkbox"/> School Bus Stop <input type="checkbox"/> To/From School <input type="checkbox"/> Text/Phone/Internet/Social Media <input type="checkbox"/> School sponsored activity <input type="checkbox"/> Event off school property <input type="checkbox"/> School Grounds <input type="checkbox"/> Other _____	<input type="checkbox"/> Taunting <input type="checkbox"/> Retaliation <input type="checkbox"/> Threat <input type="checkbox"/> Humiliation <input type="checkbox"/> Intimidation <input type="checkbox"/> Exclusion <input type="checkbox"/> Stalking <input type="checkbox"/> Physical Contact <input type="checkbox"/> Theft <input type="checkbox"/> Cyber-bullying <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, medical attention required <input type="checkbox"/> Yes, medical attention NOT required <b>Student Absent from School as a result of Incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Number of days absent: _____

Possible Witnesses	Grade	School	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Describe the incident: (use the back of this sheet for additional space)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you:     Student     Faculty/Staff     Parent/Guardian     Other

Leave blank if reporting anonymously:

Person reporting this incident: (Please Print) \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Polk School District Bullying Incident Investigation/Conclusions

**A.) INVESTIGATION**

1. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

**2. Interviews:**

<input type="checkbox"/> Interviewed aggressor	Name: _____	Date: _____
<input type="checkbox"/> Interviewed target	Name: _____	Date: _____
<input type="checkbox"/> Interviewed witnesses	Name: _____	Date: _____
	Name: _____	Date: _____

3. Any prior documented Incidents by the aggressor?     Yes     No

    If yes, have incidents involved target or target group previously?     Yes     No

    Any previous incidents with findings of BULLYING, RETALIATION     Yes     No

Summary of Investigation:

(Please use additional paper and attach to this document as needed)

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**B.) CONCLUSIONS FROM THE INVESTIGATION**

**1. Finding of bullying or retaliation:**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Bullying	<input type="checkbox"/> Incident documented as _____
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Discipline referral only _____

**2. Contacts:**

<input type="checkbox"/> Target's parent/guardian	Date: _____	<input type="checkbox"/> Aggressor's parent/guardian	Date: _____
<input type="checkbox"/> Student Services	Date: _____	<input type="checkbox"/> Law Enforcement	Date: _____

**3. Action Taken:**

<input type="checkbox"/> Loss of Privileges	<input type="checkbox"/> Detention	<input type="checkbox"/> Short-term Suspension
<input type="checkbox"/> Long-term Suspension/Tribunal	<input type="checkbox"/> Charges Filed	<input type="checkbox"/> Other _____

**4. Describe Safety Planning:** \_\_\_\_\_

Follow-up with Target: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Follow-up with Aggressor: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Report forwarded to Principal: Date \_\_\_\_\_ Report forwarded to Student Services: Date \_\_\_\_\_

(If principal was not the investigator)

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_