RSU #82/MSAD #12 BULLYING INVESTIGATION AND RESPONSE FORM

Date the alleged incident of bullying was reported: ____________________________

Name of person investigating alleged incident(s): ____________________________

Position/title of investigator: _____________________________________________

Name of person reporting bullying incident(s): _____________________________

Person reporting is (circle one) Student Parent School employee
Coach/advisor Volunteer Other ____________________________

Name(s) of alleged target: ________________________________________________

Name(s) of alleged bully (bullies): _________________________________________

Name(s) of potential witnesses: ___________________________________________

Where did the alleged incident(s) occur (check one or more):
   _____ on school property
   _____ on school bus
   _____ at a school sponsored activity
   _____ through use of technology
   _____ at school
   _____ off-campus
   _____ elsewhere (be specific)

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

_______________________________________________________________________

Does targeted student have an IEP? _____ Yes _____ No (If yes, refer to plan.)

Does targeted student have a 504 plan? _____ Yes _____ No (If yes, refer to plan.)

Is the targeted student in the referral process for either? _____ Yes _____ No
   (If yes, specify) __________________________

If the targeted student receives special services, when were Special Services Director
and/or 504 Coordinator notified of the incident:
Person notified: ____________________________ Date: _________________________
Does alleged bully have an IEP? ____ Yes  ____ No (If yes, refer to plan.)

Does alleged bully have a 504 plan? ____ Yes  ____ No (If yes, refer to plan.)

Is the alleged bully in the referral process for either? ____ Yes  ____ No (If yes, specify) _______________________

If the alleged bully receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:
Person notified: ___________________________ Date: __________________________

Do school unit’s records show prior reports of alleged or substantiated incidents of bullying involving the alleged target or alleged bully? If so, describe incident and outcome(s): ____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Meeting/interview of student who believes he/she has been bullied, description of alleged incident(s) (dates and details):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Communications with parents(s) of student who believes he/she has been bullied date(s) and details): ____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Meeting/interview of alleged bully (bullies) (dates and details):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Communications with parent(s) of alleged bully (bullies) (dates and details):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Meeting/interview of persons identified as witnesses (dates and summary of information provided): ____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

Measures taken pending conclusion of the investigation to ensure the safety of the student who believes he/she has been bullied:

Safety measures communicated to parents) of student who believes he/she has been bullied (date and details):

Is the alleged bullying substantiated, i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy?  ____Yes  ____No

Nature of harm incurred:

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

Summary of investigation/Explanation of findings:
Recommended disposition:

Disciplinary action - alternative discipline: ______________________________
Disciplinary action – suspension (in-school, out-of-school) __________________
Expulsion (recommended for expulsion) ________________________________

Recommendations for support services:

Counseling/referral to services (targeted student) ________________________
Counseling/referral to services (bully) _________________________________

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

Recommendations in other substantiated bullying situations:

If bully is school employee or administrator, recommendation for action to be
taken by Superintendent (any action must be consistent with collective bargaining
agreement or individual contract): _______________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
If bullying is by another adult person associated with the school (e.g., volunteer,
visitor, or contractor): ________________________________________________
_________________________________________________________________
_________________________________________________________________
If bullying involves a school-affiliated organization: _______________________
_________________________________________________________________
_________________________________________________________________

Signature of investigator: ____________________________________________
If investigator is not building principal, copy to principal on [date]

Copy to Superintendent on [date]
ACTIONS TAKEN BY PRINCIPAL

The student received/will receive the following discipline actions (consequences):

_____ Alternative Discipline
_____ Detention
_____ Weekend Detention
_____ In-school suspension
_____ Out-of-school suspension
_____ Expulsion/Recommended for expulsion

Alternative discipline imposed for this student (if applicable):

_____ Meeting with the student and the student's parent(s) or guardian(s)
_____ Reflective activities, such as requiring the student to write an essay about the student's misbehavior
_____ Mediation, but only when there is mutual conflict between peers, rather than one-way negative behavior, and both parties voluntarily choose this option
_____ Counseling
_____ Anger management
_____ Health counseling or intervention
_____ Mental health counseling
_____ Participation in skills building and resolution activities, such as social/emotional/cognitive skills building, resolution circles and restorative conferencing
_____ Community service

Referral to law enforcement? _____ Yes _____ No

Written notice has been provided to parent(s)/guardian(s) of the student who has been found to have engaged in bullying, including the process for appeal.

Notification sent by principal: [Date]

Copy to Superintendent: [Date]
APPEAL OF PRINCIPAL’S DECISION

Date appeal submitted: _____________________________________________________________

All appeals to the Superintendent must be submitted, in writing, to the Central Office within 14 calendar days of the building principal’s decision. The Superintendent’s decision shall be final.

Superintendent’s decision: _______________________________________________________

Date parent(s)/guardian(s) notified of Superintendent’s decision: ________________

ACTIONS TAKEN BY THE SUPERINTENDENT

____Recommendation to Board for student expulsion

____Action on student/parent appeal of principal’s decision

______________________________________________________________________________

____Action taken against employee: (If confidential employment action, in personnel file)

______________________________________________________________________________

____Recommendation to Board for suspension/revocation of sanctioning/approval of school-affiliated organization

____Other: ______________________________________________________________________

______________________________________________________________________________

Adopted: June 21, 2017