Please complete this form for all reports of bullying.						
Date of incident(s)						
Interviews						
Interviewed Target						
Name:	_	Date:				
Interviewed Aggressor(s)						
Name:		_	Date:			
Name:			Date:			
Name:			Date:			
Interviewed Witnesses						
Name:		_	Date:			
Name:		_	Date:			
Name:	Date:					
Name:		_	Date:			
History						
Any prior incidents involving target?	Yes	No				
Explain:						
Any prior incidents involving aggressor?	Yes	No				
Explain:						
Any prior incidents for target or aggressor that	resulted in a find	ling of bully	ing or retalia	tion? Y	es	No
Evaloina						

## Summary of Investig

## **Determination**

Was there a written, verbal or electronic expression or a physical act or gesture or any combination thereof, directed at the victim that:

	Yes	No
caused physical or emotional harm to the victim or damage to the victim's property;		
placed the victim in reasonable fear of harm to himself or of damage to his property;		
created a hostile environment at school for the victim;		
infringed on the rights of the victim at school; or		
materially and substantially disrupted the education process or the orderly operation of school.		

If the answers to all of the above questions are

Finding of Cyberbullying				
Yes				
No				
Post In	vestigation Contacts			
Date:				
Date:				

Action Taken (check all that apply)

## Additional Follow Up Notes

	_
Investigator Signature	
	Date:
Investigator Name	
ce: Principal	
Superintendent	