

**FOR ADMINISTRATIVE USE ONLY**

**II. 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)

**III. CONCLUSIONS FROM THE INVESTIGATION**

1. Finding of bullying or retaliation: ☐ YES ☐ NO  
☐ Bullying ☐ Incident documented as \_\_\_\_\_  
☐ Retaliation ☐ Discipline referral only \_\_\_\_\_

2. Contacts:

☐ Target's parent/guardian Date: \_\_\_\_\_ ☐ Aggressor's parent/guardian Date: \_\_\_\_\_  
☐ Director of Student Services Date: \_\_\_\_\_ ☐ Law Enforcement Date: \_\_\_\_\_

3. Action Taken:

☐ Loss of Privileges ☐ Detention ☐ STEP referral ☐ Suspension  
☐ Community Service ☐ Education ☐ 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 (if principal was not the investigator): \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent: \_\_\_\_\_ Date \_\_\_\_\_

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