

**ATLANTA PUBLIC SCHOOLS
STUDENT BULLYING INCIDENT FORM**

Name of Reporter/Person Filing the Report: _____

Check whether you are the: Target of the behavior or Reporter (not the target)

Check whether you are a: Student Parent Administrator Staff member (specify role) _____

Other (specify): _____

Your contact information/telephone number: _____

If student, state your school: _____ Grade: _____

If staff member, state your school or work site: _____

Information about the Incident

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

Date(s) of Incident(s): _____ Time When Incident(s) Occurred: _____

Where did the incident happen (choose all that apply)?

On school property At a school-sponsored activity or event off school property On a school bus

On the way to/from school Electronic/Cyber Bullying

Location of Incident(s) (Be as specific as possible): _____

Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other: _____

Name: _____ Student Staff Other: _____

Name: _____ Student Staff Other: _____

Name: _____ Student Staff Other: _____

Did a physical injury result from this incident? Place an X next to one of the following:

No Yes, but it did not require medical attention Yes, and it required medical attention

Was the target student absent from school as a result of the incident? Yes No

If yes, how many days was the target student absent from school as a result of the incident? _____

Place an X next to the statement(s) that best describes what happened (choose all that apply):

Taunting and Insults Threat Stalking Theft Social Isolation/Exclusion Verbal Intimidation Retaliation

Physical Intimidation Public humiliation Rumor-spreading Name Calling Mean Comments

Physical violence - Hitting, kicking, shoving, spitting, hair pulling, or throwing something Getting another person to hit or harm the student

Demeaning and making the victim of jokes Making rude and/or threatening gestures

Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please attach additional sheets if necessary.

Was the incident related to the targeted student's ethnicity, gender, race, color, national origin, sexual orientation, or disability?

NO YES If yes, please give a brief explanation: _____

Has this incident been reported to anyone before? NO YES If yes, to whom?: _____

When: _____

Signature of Person Filing this Report: _____ Date: _____

Form Given to: _____ Position: _____ Date: _____

Received by:

Signature: _____ Date: _____

This form may be given to any APS staff member. APS staff members are required to submit this form to the principal or designee within 24 hours of receipt.

FOR ADMINISTRATIVE USE ONLY

INVESTIGATION

Investigator: _____
Investigator: _____
Investigator: _____

Position: _____
Position: _____
Position: _____

Interviews

Aggressor: _____
Aggressor: _____
Aggressor: _____
Target: _____

Date interviewed: _____
Date interviewed: _____
Date interviewed: _____
Date interviewed: _____

Interviewer's
Initials

Witness(es) Interviewed:

Name: _____ Student Staff Other: _____
Name: _____ Student Staff Other: _____
Name: _____ Student Staff Other: _____
Name: _____ Student Staff Other: _____

Any prior documented Incidents by the aggressor? YES NO

Any previous incidents with findings of BULLYING, RETALIATION, HARASSMENT YES NO

If yes, have incidents involved target or target group previously? YES NO

Summary of Investigation: *(Please use additional paper and attach to this document as needed)*

CONCLUSIONS FROM THE INVESTIGATION

Findings:

Bullying Retaliation Harassment No Bullying, Harassment or Retaliation

Incident documented in Infinite Campus as: _____

Discipline referral only: _____

Contacts:

Target's parent/guardian Date: _____ Name: _____
 Aggressor's parent/guardian Date: _____ Name: _____

SRT/OHS Date: _____ Law Enforcement Date: _____ Other: _____

Actions Taken:

Follow up 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 _____

(If principal was not the investigator)

Other: _____

Signature and Title: _____ Date: _____