

Woodland Joint Unified School District

Bullying Investigation

Suspected Bullying Report – CONFIDENTIAL
This Page To Be Completed by Administrator

Administrator Conducting Suspected Bullying Investigation:

Name: _____ Title: _____

Parties interviewed: Aggressor Target Witnesses/Bystanders

Summary of Investigation (use additional paper as needed):

Investigation outcome: Did this situation meet the criteria as a suspected bullying incident:

Yes No If bullying did not occur, process is complete at this time.

If bullying behavior occurred, develop a *Student Bully Intervention Plan* for the student who acted aggressively and for the targeted student.

Student Bully Intervention Plan completed for Aggressor Yes No Date: _____

Student Bully Intervention Plan completed for Target Yes No Date: _____

Contact the parent(s)/guardian(s) of the student(s) who are targeted and who did the bully behavior for this Incident:

Parent's/Guardian's Name: _____ Date: _____

Parent's/Guardian's Name: _____ Date: _____

Immediate Action Taken (involving Aggressor and Target):

Aggressor:

Referred to Principal – Date: _____

Parents/guardians contacted – Date: _____

Other: _____

Target:

Referred to Principal – Date: _____

Parents/guardians contacted – Date: _____

Other: _____

Administrator/Designee Signature: _____ Date: _____

Administrator: Please send copy of 1) Suspected Bullying Report form 2) Student Bully Intervention Plan to Child Welfare & Attendance Administrator.

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Student Bully Intervention Plan

Complete this form with either the aggressor or the target involved in the bullying incident.

Date of Incident(s): _____ School: _____

Name of Student: _____ Target Aggressor

In order to be safe and keep others safe at school, you will:

1. _____
2. _____

In order to support your safety or the safety of others, the school will:

1. _____
2. _____

To support your safety and the safety of others, your family will:

1. _____
2. _____

If you feel you need more support, the school can recommend additional resources such as:

1. _____
2. _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Please indicate the staff person who will follow up with the student to see if the plan is working and if the student feels safe at school.

Name: _____ Date of follow-up: _____