

RSU #23 School Department Bullying Investigation Form

School: _____ Date complaint first received: _____

Name and title of person investigating incident: _____

Name of person reporting incident: _____

Reporting person is (circle one): Student Parent School Staff Coach/advisor Other

Name of target(s): _____

Name of alleged bully(ies): _____

Relationship between target and accused: _____

Potential witnesses: _____

Determination of Bullying:

Did the alleged incident occur:

On school property At a school-sponsored event On a school bus or at a bus stop

Electronically Off school grounds During school hours After school hours

If off school grounds or electronically, has the incident created an intimidating or hostile educational environment or interfered with a student's academic performance or ability to participate in or benefit from educational services and/or activities: yes no *(If the answer is no, the incident does not constitute bullying and does not need to be reported as such.)*

Was this incident a physical act or gesture that a reasonable person should expect:

1. has the effect of physically harming a student or damaging a student's property; OR
2. is placing a student in reasonable fear of physical harm or damage to his/her property; OR
3. interferes with the student's academic performance or ability to participate in or benefit from the services, activities or privileges provided by the school; OR
4. is based on a student's actual or perceived race, color, national origin, ancestry, religion, physical or mental disability, gender, sexual orientation, or any distinguishing characteristic, or is based on a student's association with a person with one or more of these actual or perceived characteristics.

The incident is deemed to be bullying if any of the above are checked.

Was this incident bullying: no yes

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Incident(s) reported (attach emails or other documents as needed):

Interview of alleged target(s):

Interview of alleged bully(ies):

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Interview of witnesses (include names):

Is there any further evidence of the incident (i.e. emails, videos, photos, etc.): yes no

If yes, please list: _____



Recommended disposition:

A Restorative Action Plan will be created with the assistance of School Counselors

Disciplinary action as follows: _____

Support plan for targeted student developed by School Counselors and communicated to parents/guardians of targeted student

Follow up plan for accused student as follows: _____

Recommendation of report to law enforcement: no yes (if yes, check statement below)

potential criminal violation potential civil rights violation

Name of law enforcement official contacted: _____

Parents/Guardians of targeted student contacted (date/method of contact):

Parents/Guardians of accused student contacted (date/method of contact):

Signature of investigator: _____ Date: _____

Copy sent to: Building Principal SRO School Counselor Other (i.e. special ed case manager, social worker)

Superintendent (if accused student was suspended from school, a copy of this form must be sent to the Superintendent)