

**JONESPORT SCHOOL DEPARTMENT**

**NEPN/NSBA FILE: JICK E-2**

**JONESPORT SCHOOL DEPARTMENT BULLYING INVESTIGATION FORM**

Date: \_\_\_\_\_

1. Name of person investigating alleged incident(s): \_\_\_\_\_  
Position/title of investigator: \_\_\_\_\_  
Name of complainant/person reporting bullying: \_\_\_\_\_  
Name(s) of alleged target(s): \_\_\_\_\_  
Complainant/reporter is (circle one): Student Parent School employee  
Coach/advisor Volunteer Other \_\_\_\_\_  
Name(s) of alleged bully(ies): \_\_\_\_\_  
Name(s) of potential witnesses: \_\_\_\_\_

2. Relationship between alleged target(s)/bully(ies): \_\_\_\_\_

3. Did the alleged incident(s) occur (check one or more):  
\_\_\_\_\_ on school property (including a school bus)  
\_\_\_\_\_ at a school sponsored activity  
\_\_\_\_\_ through use of technology  
\_\_\_\_\_ elsewhere

Time and location(s) of incident(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is this a first time occurrence or has the same or similar occurred previously?

5. Interview of complainant/reporter's, description of alleged incident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Interview of alleged bully(ies): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Name(s) of potential witnesses, if any: \_\_\_\_\_
8. Witnesses interviewed and summary of witness information provided:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Further evidence of bullying (videos, photos, email, letters, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Is the alleged bullying substantiated, i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy? Yes No
11. Nature of harm incurred:  
 \_\_\_ Physical harm to student or damage to student's property  
 \_\_\_ Student's reasonable fear of physical harm or damage to property  
 \_\_\_ Infringement of student's rights at school
12. Conduct resulting in harm (in item 11 above) is on the basis of:  
 \_\_\_ National origin/ancestry/ethnicity  
 \_\_\_ Religion  
 \_\_\_ Physical, mental, emotional or learning disability  
 \_\_\_ Sexual orientation  
 \_\_\_ Gender/gender identity/expression  
 \_\_\_ Age  
 \_\_\_ Socioeconomic status  
 \_\_\_ Family status  
 \_\_\_ Physical appearance  
 \_\_\_ Weight  
 \_\_\_ Other distinguishing personal characteristics

13. Summary of investigation/Explanation of findings:

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14. Recommended disposition and/or recommended disciplinary action (including alternative discipline, support for targeted student, other intervention/referral)

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15. Recommendation of report to law enforcement? Yes No

Potential criminal violation  
 Potential civil rights violation

Signature of investigator: \_\_\_\_\_

If investigator is not building principal, copy to principal on \_\_\_\_\_  
Date

Copy to Superintendent on \_\_\_\_\_  
Date

DATE ADOPTED: January 03, 2018