

Concord School District
Bullying Investigation Form for Administrators

1. Name of administrator investigating this report: _____

2. Names and dates of persons interviewed

1. Name: _____ Date: _____
 Student Staff Other

2. Name: _____ Date: _____
 Student Staff Other

3. Name: _____ Date: _____
 Student Staff Other

3. Any prior documented incidents by the aggressor? Yes No

4. Did the victim report any of the following? (check all that apply)

Physical harm or damage to the victim's personal property

Emotional distress

Interference with educational opportunities

Fear of retaliation or reprisal

5. Plan to protect victim and/or witnesses from retaliation (if applicable)

6. Notification of parent(s)/guardian(s)

Date: _____ Time: _____

Person spoken to: _____ Method of communication: _____

7. Investigation

Date began: _____

Persons interviewed:

1. Name: _____ Date: _____

2. Name: _____ Date: _____

3. Name: _____ Date: _____

Results and findings of the investigation

Date investigation completed: _____

Date parents/guardians were contacted with results of the investigation: _____

8. Conclusions of investigation

Finding of bullying or retaliation? Yes No

If "No" the incident is documented as: _____

If "Yes" the District's action taken:

Loss of privileges

Detention

Suspension

Remediation

Other: _____

Signature: _____ Date: _____

(A copy of this report must be sent to the Superintendent)