



## BISHOP FENWICK HIGH SCHOOL BULLYING PREVENTION AND INTERVENTION INCIDENT REPORT

## I. REPORTING

(Note: Reports may be made anonymous	ly, but no disciplinary action will be taken again	st an alleged Aggress	or solely on the basis of an anonymous report.	
2. Check whether you are the:	☐Target of the behavior	□Reporte	☐Reporter (not the Target)	
3. Check whether you are a:	□Student	□Staff M	☐Staff Member (specify role)	
	□Parent/Guardian	□Admini	□Administrator	
	☐Other (specify)			
Your contact information/tele	phone number:			
			Grade:	
5. Information about the incident:				
Name of Target (of Bakanian)				
	ngaged in the behavior):			
	Til			
	cific as possible):			
6. Witnesses (List people who saw the i			_	
	□Student	□Staff	Other	
	□Student	□Staff	□Other	
	□Student	□Staff	□Other	
	ent (including names of people involved, what ional sheets of paper if necessary and a			
	Report			
9. Form given to:	•	Position:	Date	

## II. INVESTIGATION

i. mvesugutor.		Position		
Investigator:		Position		
Investigator:		Position_		
2. Interviews:				
☐Interviewed Aggressor Name:				
		Date:		
		Date: Date:		
difficivities withess name.		Date		
3. Any prior documented incidents by the		□Yes □No		
If yes, have incidents involved Target or Target group pr		-	□No	
Any previous incidents with findings o	of Bullying or Retaliat	tion?	□No	
mary of Investigation:				
ase use additional sheets of paper and attace III. CONCLUSIONS FROM TH	E INVESTIGAT	TION		
		□No □Incident documen	nted as	
III. CONCLUSIONS FROM TH	□Yes □Bullying □Retaliation	□No □Incident documer □Discipline referra		
III. CONCLUSIONS FROM TH  Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director.	□Yes □Bullying □Retaliation	□No □Incident documer □Discipline referra  If No - Date	only	
Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director. Report forwarded to Principal & Vice Prin	□Yes □Bullying □Retaliation	□No □Incident documer □Discipline referra  If No - Date	- Counselor completes report	
Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director. Report forwarded to Principal & Vice Prin Signature & Title:  1. Contacts Target's parent/guardian  Date:	□Yes □Bullying □Retaliation	□No □Incident documer □Discipline referra  If No - Date □Date: □ Aggressor's parent/guardia	- Counselor completes report	
Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director. Report forwarded to Principal & Vice Prin Signature & Title:  1. Contacts Target's parent/guardian  Date:	□Yes □Bullying □Retaliation	□No □Incident documer □Discipline referra  If No - Date: □Date:	el only	
Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director. Report forwarded to Principal & Vice Prin Signature & Title:  1. Contacts Target's parent/guardian  Date:	□Yes □Bullying □Retaliation	□No □Incident documer □Discipline referra  If No - Date □Date: □ Aggressor's parent/guardia	- Counselor completes reported and Date:  Date:	
Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director. Report forwarded to Principal & Vice Prin Signature & Title:  1. Contacts Target's parent/guardian Catholic Schools Office Date: 2. Action Taken □Loss of Privileges	□Yes □Bullying □Retaliation  cipal	□No □Incident documer □Discipline referra  If No - Date □ Date: □ Aggressor's parent/guardia Law Enforcement	en Date:	
Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director. Report forwarded to Principal & Vice Principal & Vice Principal & Title:  1. Contacts Target's parent/guardian Catholic Schools Office  2. Action Taken Closs of Privileges Community Service  Date:	□Yes □Bullying □Retaliation  cipal	□No □Incident documer □Discipline referra  If No - Date  Date:  Aggressor's parent/guardia Law Enforcement  □Referral □Other_	- Counselor completes reported and Date:  Date:	
Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director. Report forwarded to Principal & Vice Prin Signature & Title:  1. Contacts Target's parent/guardian Catholic Schools Office  2. Action Taken Closs of Privileges Community Service  3. Describe Safety Planning:	□Yes □Bullying □Retaliation  cipal	□No □Incident documer □Discipline referra  If No - Date □ Date: □ Aggressor's parent/guardia Law Enforcement □Referral □Other □ Other	n Date:	
Finding of Bullying or Retaliation:  If Yes – forward to Guidance Director. Report forwarded to Principal & Vice Principal & Vice Principal & Title:  1. Contacts Target's parent/guardian Catholic Schools Office  2. Action Taken Closs of Privileges Community Service  Date:	□Yes □Bullying □Retaliation  cipal	□No □Incident documer □Discipline referra  If No - Date □ Date: □ Aggressor's parent/guardia Law Enforcement □Referral □Other □ Other	en Date:	