



## II. INVESTIGATION

1. Investigator: \_\_\_\_\_ Position \_\_\_\_\_

Investigator: \_\_\_\_\_ Position \_\_\_\_\_

Investigator: \_\_\_\_\_ Position \_\_\_\_\_

2. Interviews:

Interviewed Aggressor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed Target Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

If yes, have incidents involved Target or Target group previously?  Yes  No

Any previous incidents with findings of Bullying or Retaliation?  Yes  No

Summary of Investigation:

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(Please use additional sheets of paper and attach to this document as needed.)

## III. CONCLUSIONS FROM THE INVESTIGATION

<b>Finding of Bullying or Retaliation:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Bullying	<input type="checkbox"/> Incident documented as _____	<input type="checkbox"/> Discipline referral only _____
<input type="checkbox"/> Retaliation		

**If Yes – forward to Guidance Director.**

Report forwarded to Principal & Vice Principal

**If No – Counselor completes report.**

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

Signature & Title: \_\_\_\_\_

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

1. Contacts

Target's parent/guardian Date: \_\_\_\_\_

Aggressor's parent/guardian Date: \_\_\_\_\_

Catholic Schools Office Date: \_\_\_\_\_

Law Enforcement Date: \_\_\_\_\_

2. Action Taken

Loss of Privileges  Detention  Referral  Suspension

Community Service  Education  Other \_\_\_\_\_

3. Describe Safety Planning: \_\_\_\_\_

Follow-up with Target: Scheduled for \_\_\_\_\_

Initial & Date when completed: \_\_\_\_\_

Follow-up with Aggressor: Scheduled for \_\_\_\_\_

Initial & Date when completed: \_\_\_\_\_

**Completed Report on file:**

Administration

Guidance

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