



GARRARD COUNTY SCHOOLS

Bullying Prevention And Intervention Incident Reporting Form

Per KRS 158.148, "bullying" is defined as any unwanted verbal, physical, or social behavior among students that involves a real or perceived power imbalance and is repeated or has the potential to be repeated:

1. That occurs on school premises, on school-sponsored transportation, or at a school-sponsored event: or
2. That disrupts the education process.

This definition shall not be interpreted to prohibit civil exchange of opinions or debate or cultural practices protected under the state or federal Constitution where the opinion expressed does not otherwise materially or substantially disrupt the education process.

I. REPORT

1. **Name of Reporter/Person Filing the Report:**

(This line may be left blank if an anonymous report is being made. Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)

2. **Check whether you are the:**

- Target of the behavior
 Reporter (not the Target)

3. **Check whether you are a:**

- Student
 Staff Member (Specify Role):
 Parent
 Administrator
 Other (Specify):

Contact Information:

4. **If student, state your school:**

Grade:

5. **If staff member, state your school or work site:**

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6. Information about the Incident:

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

7. Witnesses (List people who saw the incident or have information about it):

Name: _____

- Student
- Staff
- Other

Name: _____

- Student
- Staff
- Other

Name: _____

- Student
- Staff
- Other

8. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional paper if necessary.

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**9. Signature of Person
Filing this Report:**

Date: _____

(Note: Reports may be filed anonymously.)

10. Form Given to:

Name: _____

Position: _____

Date: _____

Signature: _____

Date Received: _____

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II. INVESTIGATION (Principal or Designee)

1. Investigator(s): _____

Position(s): _____

2. Interviews:

Interviewed Aggressor:

Name: _____

Date: _____

Interviewed Target:

Name: _____

Date: _____

Interviewed Witness:

Name: _____

Date: _____

Name: _____

Date: _____

Name: _____

Date: _____

**Any prior documented
bullying incidents by the
aggressor?**

Yes

No

**If yes, have incidents involved target
or target group previously?**

YES

NO

Summary of Investigation:

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**Follow-up with Aggressor,
scheduled for:**

Initial and date when completed:

Report forwarded to Principal:

**Report forwarded to
Superintendent/Designee:**

Signature and Title:

Date:

Parent Notification of Alleged Bullying

**Fill in the information highlighted in green.*

Dear Parent/Guardian,

On {Date}, your child, {Student's Name}, was reportedly involved in a bullying incident that took place at {Location}. Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

Bullying Verified?

- Yes
- No

If yes, we have taken appropriate disciplinary action and measures to assure your student's well-being.

Please contact me directly if you have questions about this information. I can be reached at {Contact Information}.

Sincerely,

{Signature}, Principal