Response to Bullying and School Violence

To be completed by the Building Principal and attached as a coversheet for the school office’s designated bullying report investigation and response folder. Place a copy of the completed cover sheet only (not attachments) in each listed student’s temporary school student record. Redact all student names other than the student’s name for which the record pertains.

Investigator _______________________________________________________  Title ___________________________

Investigation

File an interview form for each party interviewed in the designated investigation and response folder.

Check here to indicate that all interview forms have been properly completed and filed.

Target ____________________________________________________________ Date ________________________
Aggressor __________________________________________________________ Date ________________________
Witnesses __________________________________________________________ Date ________________________

Are there any prior documented incidents by the aggressor identified above?    Yes _____  No _____ (attach information)
If yes, have incidents involved target or target group previously?  Yes _____ No _____

Findings

_____ Bullying   _____ Other _________________________________________________
_____ Aggressor motivated by protected characteristics listed in policy

Bullying and School Violence Investigation Response

Response and Plan for Target (Check all that apply and include descriptions)

_____ Contact parent/guardian ____________________________________________ Date ________________________
Circle contact method: Phone  Email  Letter  In-person  Other ____________________________

_____ Safety plan
_____ Increase staff supervision
_____ Education
_____ Minimize contact with aggressor ____________________________

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Response and Plan for Aggressor (Check all that apply and include descriptions)

- Contact parent/guardian [ ] Date _______________

  Circle contact method: Phone   Email   Letter   In-person   Other _______________________________________

- Aggressive Behavior Reporting Letter and Form sent [ ] Date _________________________________________

Restorative Responses

- Safety plan [ ]
- Increase staff supervision [ ]
- Education [ ]
- Non-District affiliated psychological services [ ]
- Alternative school assignment [ ]
- Minimize contact with target [ ]
- District resources (Student Services/IDEA/504) [ ]
- Other [ ]

Punitive Responses

- Loss of privileges [ ]
- Detention [ ]
- Suspension [ ]
- Expulsion [ ]
- Community agency service [ ]
- Reciprocal Reporting Act utilized? Yes ______ No ______
- Other [ ]

Aggressor follow-up date ___________________________ Date and initial completed _______________________

  Circle contact method: Phone   Email   Letter   In-person   Other _______________________________________

Parent/guardian follow-up date ___________________________ Date and initial completed _______________________

  Circle contact method: Phone   Email   Letter   In-person   Other ________________________________
____ Systemic culture/climate intervention

____ Referral to address needs for ideal conditions for developmental learning

____ Other

Submit reports to: _____ Building Principal (if not the investigator)       Date _____________________

 _____ Superintendent       Date _____________________

Signature of investigator ___________________________________________       Date _____________________