WHITNEY ACADEMY BULLYING REPORTING FORM

1.	Name of Reporter/Person Filing the 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)			
	If other than student, your contact information/telephone number:			
4.	If student, state your residence: Classroom #:			
	If staff member, state your work site:			
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			
	Describe the details of the incident (including names of people involved, what occurred, and what each person did d said, including specific words used). Please use additional space on back if necessary.			
9.	Signature of Person Filing this Report: Date:			
40	(Note: Reports may be filed anonymously.)			
10	Form Given/Mailed to: Date: Date:			

Appendix A

Signature of person receiving report	Date Received:	
II. INVESTIGATION		
1. Investigator(s):		Position(s):
2. Interviews:		
□ Interviewed aggressor	Name:	Date:
□ Interviewed target	Name:	
□ Interviewed witnesses	Name:	
	Name:	
3. Any prior documented Incidents	s by the aggressor? □ Yes □ No	
If yes, have incidents	s involved target or target group previously?	□ Yes □ No
Any previous incide	nts with findings of BULLYING, RETALIATIO	N □ Yes □ No
Summary of Investigation:		
(Please	e use additional paper and attach to this docume	ent as needed)
III. CONCLUSIONS FROM THE INVE	STIGATION	
1. Finding of bullying or retaliation:		
□ YES	□ NC	
□ Bullying	□ Incident docume	nted as
□ Retaliation		l only
2. Contacts:	, and the second se	
□ Target's parent/guardian	Date: □ Aggressor's parent/guard	lian Date:
	□ Other:	
3. Action Taken:		
□ Loss of Privileges □ E	ducation 🛘 Other	
	duled for Initi	
	scheduled for Initi	
i onow-up with Aggressol.	initi	ai and date when completed:
Report forwarded to Program Direct	or: Date Report forwarded to	Executive Director: Date
,		
Signature and Title:		Date: