

540.1.7 **STUDENT BULLYING PREVENTION AND INTERVENTION REPORT FORM**  
(Revised 4-9-12)(Revised11-11-13)

The Board of Education expressly prohibits any form of bullying behavior by students at school as well **as active or passive support for acts of bullying**. In addition, the Board of Education prohibits bullying behavior by students that does not occur at school, but which causes a substantial and material disruption at school or an interference with rights of students and personnel to be secure.

***In Addition:***

Any person who knowingly makes false accusations against another person will be appropriately disciplined pursuant to district policy. Any accusations confirmed to be false will be removed from the falsely-accused student's file.  
Retaliation is expressly prohibited against any person who participates in reporting, investigating or addressing any incident of student bullying behavior.

**Any person may report an issue of bullying or harassment**

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School Site: \_\_\_\_\_

**PERSON REPORTING INCIDENT (optional)**

Please indicate your relationship to the target of the bullying (e.g. Parent, teacher, school staff member, etc.)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1. Name of student victim: \_\_\_\_\_ Grade \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_

Name (s) of alleged offender (s) \_\_\_\_\_ Grade \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_

Name (s) of alleged offender (s) \_\_\_\_\_ Grade \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_

Name (s) of alleged offender (s) \_\_\_\_\_ Grade \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_

Date and Time of the Incident (s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Location of Incident (s) \_\_\_\_\_

(Off school property, athletic event, hallways, cafeteria, classroom, gymnasium, playground, school bus stop, any school sponsored activity, off campus, etc.)

List all witnesses including students and faculty or staff. If Witnesses are NOT students, please include contact information if possible:

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

2. Describe in detail the actions or behaviors that you interpret as intentional acts of bullying or harassment. *The list may include but not be limited to:* Cyber/social network bullying, social isolation or exclusion, physical threats or acts of violence, intimidation, name calling, rumors or slander, taking another person's property.

---

---

---

Place an X next to one of the following:

3. Do you have copies of cyber bullying? Social Network pages, written threats, etc.

No  Yes, but are not attached with this report  Yes and are attached with this report

4. Did Physical Injury result from this incident:

No  Yes, but it did not require medical attention.  Yes, and it required medical attention

5. Was the student victim absent from school as a result of this incident?

No  Yes how many days? \_\_\_\_\_

6. Has a complaint relevant to this incident been filed before? Where: \_\_\_\_\_

With Whom: \_\_\_\_\_ When: \_\_\_\_\_

7. Has a formal police report been filed with the Sapulpa Schools Campus Police, Sapulpa Police Department or Creek County Sheriff's Office?  Yes  No

8. If yes, please provide the Police Report Number. \_\_\_\_\_

**NOTE:** If the bullying/harassment include physical assault and battery or sexual assault or battery, threats to kill, or threats that include a weapon, then the Sapulpa School Resource Officer must be notified for preparation of a formal police report.

**SAPULP PUBLIC SCHOOLS**

## BULLYING INVESTIGATION SUMMARY

Sapulpa Public Schools Board Policy 540.1.7 (Excerpt)

"Require school administrators to identify the appropriate personnel to document, investigate, and review all reports of bullying they receive."

### Step 1: Assignment for investigation to site administration

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

Investigator's Name \_\_\_\_\_

#### Documentation:

- |   |  |
|---|--|
| <input type="checkbox"/> Written statement of student victim  | <input type="checkbox"/> Obtained copy of police report if available                         |
| <input type="checkbox"/> Written witness/bystander statements<br><i>both victim and/or alleged offender</i> | <input type="checkbox"/> Written summary of investigation with your conclusion               |
| <input type="checkbox"/> Written statement of alleged offender  | <input type="checkbox"/> Interview and/or notification of investigation to parents/guardians |
| <input type="checkbox"/> Written statement of school nurse if applicable                                    | <input type="checkbox"/> Intervention Plans –  |
| <input type="checkbox"/> Review of any medical information  | Victim                      Offender   |
| <input type="checkbox"/> Collected and examined any physical evidence if available                          | Bystander                School Community  |
|   | <input type="checkbox"/> Follow up Report (See Step 2)                                       |

#### Findings of Bullying

\_\_\_\_\_ The Complaint is Sustained. Bullying was verified.  
(If Sustained a School Intervention Plan must be developed and implemented)

\_\_\_\_\_ The Complaint was Not Sustained. There was not enough verifiable proof that Bullying taking place or the complaining party has refused to assist in the investigation.  
(If Not Sustained a School Intervention Plan may be developed and implemented)

\_\_\_\_\_ Unfounded. The complaint was discovered to have no merit or the complaining party has informed the investigator that the allegations were false and untrue.

#### **School Intervention Plan for Victim – Offender – Bystander**

School Intervention Plan Victim: Yes \_\_\_\_\_ No . If no, why was a plan not implemented?  
\_\_\_\_\_

School Intervention Plan Offender: Yes \_\_\_\_\_ No . If no, why was a plan not implemented?  
\_\_\_\_\_

School Intervention Plan Bystander: Yes \_\_\_\_\_ No . If no, why was a plan not implemented:  
\_\_\_\_\_

List names of school personnel involved in writing the plan:  
\_\_\_\_\_  
\_\_\_\_\_

*(School Intervention Plan is not required for all parties)*

#### **Notification of Student Parents/Guardians**

Date of notification of victim's parents: \_\_\_\_\_ phone \_\_\_\_\_ letter \_\_\_\_\_ conference

Date of notification of accused parents: \_\_\_\_\_ phone \_\_\_\_\_ letter \_\_\_\_\_ conference

A copy of the Original Report Form, attachments of copies of all written statements, a narrative summary of your investigation conclusions, written correspondence with parents (if applicable) and a copy of the School Intervention *Plan taken to address the problem shall be filed at the school site.*

**Step 2: Follow Up**

A follow-up interview with the student/victim is mandatory within two weeks, (maybe earlier) to close the investigation regardless of the Findings listed above. *Note: Even an unfounded report requires a follow up.*

Follow Up with the victim(s) within two weeks of conclusion of investigation has been assigned to:

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

**Findings of Follow Up Interview**

Victim reports no other concern: Victim's INTIAL HERE \_\_\_\_\_

Parent/Guardian contact optional:

Date of Contact Phone: \_\_\_\_\_ Letter: \_\_\_\_\_ Conference \_\_\_\_\_

Person who made contact: \_\_\_\_\_

The actions of bullying or harassment are ongoing and this is a repeated offense. Begin at Step 1 on reporting process.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The School Investigator should begin documentation of the steps that will be taken to remedy this situation as soon as possible. School Intervention Plans should be reconsidered. If repeated activity of bullying is present, then immediate action is necessary to stop the activity and to eliminate the threat to the victim.

ADMINISTRATION ONLY

This investigation is closed: \_\_\_\_\_ Dated: \_\_\_\_\_

This investigation remains open: \_\_\_\_\_ Dated: \_\_\_\_\_