



Suspected Bullying Report – CONFIDENTIAL
This Page To Be Completed by Administrator

Administrator Conducting Suspected Bullying Investigation:

Name: _____

Title: _____

Parties interviewed: Aggressor Target Witnesses/Bystanders

Summary of Investigation (use additional paper as needed):

Investigation outcome: Did this situation meet the criteria as a suspected bullying incident:

Yes No **If bullying did not occur, process is complete at this time.**

If bullying behavior occurred, develop a *Student Bully Intervention Plan* for the student who acted aggressively and for the targeted student.

Student Bully Intervention Plan completed for Aggressor Yes No **Date:** _____

Student Bully Intervention Plan completed for Target Yes No **Date:** _____

Contact the parent(s)/guardian(s) of the student(s) who are targeted and who did the bully behavior for this Incident:

Parent's/Guardian's Name: _____ **Date:** _____

Parent's/Guardian's Name: _____ **Date:** _____

Immediate Action Taken (involving Aggressor and Target):

Aggressor:	Target:
<input type="checkbox"/> Referred to Principal – Date: _____	<input type="checkbox"/> Referred to Principal – Date: _____
<input type="checkbox"/> Parents/guardians contacted– Date: _____	<input type="checkbox"/> Parents/guardians contacted – Date: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Administrator/Designee Signature: _____ **Date:** _____

Administrator: Please send copy of 1) Suspected Bullying Report form 2) Student Bully Intervention Plan to Lisa Guillen, Director of Student and Family Support Services



AB 9 Bullying Investigation Process

All credible incidents are to be reported. When a bullying incident is witnessed by any staff member a report must be made.

Parents, students and anonymous reporters may also report bullying behavior. Complaints are to be protected from retaliation and intimidation.



When a staff member witnesses or learns of a bullying incident, a *Suspected Bullying Report* must be filled out within 24 hours & submitted to principal or designee *immediately*. Parents, students and anonymous reporters may also complete a *Suspected Bullying Report* and submit to principal or designee. Translated versions of this form will be available on the Student Services website.



Principal or administrative designee receives *Suspected Bullying Report* and determines if bullying has occurred. Once the report is received, within 3 school days a plan will be made to investigate and resolve the complaint. Whether or not it is determined a bullying incident has or has not occurred, all *Suspected Bullying Reports* must be scanned to the Office of Student and Family Support Services

If it is determined that bullying has *not occurred*, appropriate resolution and administrative intervention will be applied.



If it is determined through investigation by administrator or designee that bullying *has occurred*, a *Student Bully Intervention Plan* will be developed with student, school staff and parent/guardian. All *Student Bully Intervention Plans* must be scanned to the Office of Student and Family Support Services. This process will be conducted *separately* for the aggressor and the target.

Situation resolved



School staff will meet *separately* with the aggressor and the target within two weeks to check in and follow-up. Document aggressor, target and/or parent contact in *Aeries Intervention screen*.

Situation resolved



Aggressor, target, parent/guardian and school staff will meet *separately* to modify, if needed, the *Student Bully Intervention Plan* to address on-going needs of the alleged target. School staff will document *Bullying Intervention Meeting* in *Aeries Intervention screen*.

Situation resolved



At any time a *Uniform Complaint* may be filed at the district to appeal the school site decision.



Washington Unified School District Student Bully Intervention Plan

Complete this form with either the aggressor or the target involved in the bullying incident.

Date of Incident(s): _____ School: _____

Name of Student: _____ Target Aggressor

In order to be safe and keep others safe at school, you will:

1. _____
2. _____

In order to support your safety or the safety of others, the school will:

1. _____
2. _____

To support your safety and the safety of others, your family will:

1. _____
2. _____

If you feel you need more support, the school can recommend additional resources such as:

1. _____
2. _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Please indicate the staff person who will follow up with the student to see if the plan is working and if the student feels safe at school.

Name: _____ **Date of follow-up.** _____