## Complainant Statement (Victim)

This form MUST be completed by the complainant when reporting an incident of alleged bullying and harassment (staff may assist elementary or SPED students).

COMPLAINANT FULL NAME GRADE

SCHOOL TODAY’S DATE

Date of Incident / / Location of Incident

Month Day Year

Description of Bullying Behavior (Include in detail who, what, where, when, how)

(Attach additional pages if necessary.)

List all witness names and grade levels.

Name Grade Name Grade Name Grade

List evidence of bullying behavior (threat or message – written or electronic): Attach if possible

Please answer the following questions regarding the incident.

Have you been involved in previous bullying incident with the same student? Yes No Did you suffer a physical injury as a result of the incident? Yes No

If yes, did your injuries require medical attention? Yes No

To the best of my knowledge, all of the information on this form is true and accurate.

Name of person filing this complaint Date

Check and print name if someone other

than complainant is completing this form

## Incident Investigation Report

Complainant’s Name (**Victim)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Name (**Bully)** \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_

Gender Race

No

Yes

Parent of the complainant contacted?

If yes, date

No

Yes

Parent of the accused contacted? If yes, date

Summary of Investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify which category the allegation was believed to be:

\_\_\_\_\_Bullying \_\_\_\_\_Cyber-Bullying \_\_\_\_\_Harassment \_\_\_\_\_ Intimidation

After the allegation was investigated, please indicate the following about this claim:

Behavior Unfounded \_\_\_\_\_\_ Behavior Verified \_\_\_\_\_\_\_\_\_

Why did the bullying/harassment occur (alleged motives)?

Because of race Because of gender Because of disability

Just to be mean Because of religion Because of appearance

Hazing Sexual Orientation Other reason (specify)

Names of Witnesses Interviewed

Action Taken: \_\_\_\_\_\_\_\_ Corrective Action \_\_\_\_\_\_\_ Disciplinary Action

(describe)

Investigation referred to Law Enforcement (complete below)

Name of Law Enforcement Personnel notified

Agency Date Referred

Resolution:

**Administrator** Date

## SHELBY COUNTY SCHOOLS

**Respondent Statement**

**(Alleged Bully)**

|  |
| --- |
| RESPONDENT FULL NAME GRADE  SCHOOL TODAY’S DATE |
| Date of Incident: / / Location of Incident:  Month Day Year  Provide a specific description of what happened. Be specific.    (Attach additional sheets if necessary.)  Please list all witnesses.  Why did this incident occur? Please describe what led to the incident.  (Attach additional sheets if necessary.) |
| Did the complainant tell you to stop the behavior? Yes No  If you answered “yes” to the question above, how did you respond?  (Attach additional sheets if necessary.)  Is this the first incident you have had with the complainant? Yes No  If no, please explain Is there any additional information regarding this incident you would like to provide?  (Attach an additional sheet if necessary.)    Signature Date |

SHELBY COUNTY SCHOOLS

## Witness Statement

Today’s date: / / School:

Month Day Year

Student Name: Grade:

(Please print)

Date of Incident(s): / /

Month Day Year

Location of Incident (s):

Please list witnesses:

What happened? Please include specific details of the incident:

(Attach additional sheets if necessary.)

Provide a description of previous incidents you have witnessed:

(Attach additional sheets if necessary.)

Signature Date

# **SHELBY COUNTY SCHOOLS**

**Investigation Guide**

A Bullying, Intimidation, Cyber-bullying, and Harassment allegation has been filed (use the complainant form in this packet).

Begin investigation within 48 hours **(mandatory).**

Contact parents of Complainant and Respondent and inform them of the allegation **(within your 48-hour window-mandatory).**

Interview Complainant **(mandatory).**

Interview Respondent and all witnesses **one at a time**. Allow students to complete their statements using the appropriate forms **(mandatory).**

Utilize additional documentation, if necessary (Stay-Away-Agreement, Check-in Worksheet, and Safety/Conduct Plan).

Determine if the allegation is founded or unfounded by reviewing written statements, documentation, and interviews **(mandatory).**

Meet with administrative team to determine if discipline and/or corrective actions are necessary.

\_\_\_\_\_\_\_\_\_ Bullying verified, counseling services should be implemented for both bully and victim (at the principal’s discretion).

\_\_\_\_\_\_\_\_\_ Meet with administrative team to determine if additional interventions are needed.

Contact Student Equity Enrollment and Discipline Office (S.E.E.D.) for advisement if needed.

Meet with or contact parents of Respondent and Complainant to discuss findings of the investigation and the consequence if the allegation was substantiated (**at the end of the investigation- mandatory).**

Discuss any further assistance the student may need. If the allegation is founded the Complainant and/or Respondent parents’ can only be told that “corrective or disciplinary actions were implemented” **(mandatory).**

Complete the Incident Investigation Report link **(mandatory).**

Document the incident in PowerSchool **(mandatory**).

Follow-up with Complainant and Respondent to ensure problem has been resolved (24 hours after the investigation has been completed).