

# REPORT OF BULLYING, AGGRESSIVE, OR OTHER PROHIBITIVE BEHAVIOR

Form Facts

**What:** Use this form to document and make a report if you, your student, or another party ("recipient") has been subjected to any of the prohibited behaviors outlined in the State-Specific Handbook Supplement.

**Who:** Any student, Caretaker of a student, or another party ("recipient") should complete the Incident Details section of this form to document and report any of the prohibited behaviors outlined in the State-Specific Handbook Supplement. The second part should be completed by a school official.

**Why:** This form is used to document and report any of the prohibited behaviors outlined in the State-Specific Handbook Supplement.

**Where:** Submit this form to your school leader. Specific contact information for your school is found in the State-Specific Handbook Supplement and on the Connexus® Caretaker home page.

Date of Report: \_\_\_\_\_

## Incident Details

This section should be completed and signed by the reporter of the prohibited behavior or the Caretaker or representative of this reporter.

Date of Alleged Behavior: \_\_\_\_\_

Location of Alleged Behavior: \_\_\_\_\_

### Recipient(s) of Alleged Behavior:

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

Dept. or School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Dept. or School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Dept. or School: \_\_\_\_\_

Grade: \_\_\_\_\_

### Perpetrator(s) of Alleged Behavior:

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

Dept. or School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Dept. or School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Dept. or School: \_\_\_\_\_

Grade: \_\_\_\_\_

Please provide below a detailed description of the incident in which the alleged behavior occurred. Include details about when the incident occurred, where the incident took place, and who was involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness(es) of Alleged Behavior:**

Name: \_\_\_\_\_ Dept. or School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Dept. or School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Dept. or School: \_\_\_\_\_ Grade: \_\_\_\_\_

**SIGNATURE AND CONTACT INFORMATION OF REPORTER**

*By signing below, I certify that the information above is true to the best of my knowledge.*

<b>Name</b>	<b>Signature</b>	<b>Date</b>
School	Role	
Email Address	Home Phone	Mobile Phone

**School Follow-Up Actions**

This section should be completed and signed by a school official.

**Protective Actions:**

Date(s) of Protective Action: \_\_\_\_\_

What protective actions have been taken to prevent the alleged recipient(s) from being further victimized?

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**Investigative Actions:**

Date(s) of Investigative Action: \_\_\_\_\_

What investigative actions have been taken? (Include all relevant details: who was interviewed and by whom, when the interviews took place, what was determined, etc. Provide as much details as possible to present a clear picture of what occurred.)

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**Resolution:**

Date(s) of Resolution: \_\_\_\_\_

What resolution was made?

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**SIGNATURE OF SCHOOL OFFICIAL**

*By signing below, I certify that the information in the School Follow-up Actions section above is true to the best of my knowledge.*

**Name**

**Signature**

**Date**

School

Title/Role

Phone