File: JICDE*

-E-2

Bullying Investigation Form

Instructions: Attach all reports, documer alleged bullying incident(s) to this investi	nts, evidence, and written accounts of the igation form.
Date of bullying report:	
Designated administrator:	
Date designated administrator received	report:
Date investigation started:	_ Date investigation completed:
Investigator:	Position/Title:
I. Initial Review	
	the school district's authority to investigate? inplainant and provide resources for support.
Is the alleged bullying incident(s) within t policy?	the scope of this exhibit's accompanying
policy.	nvestigated pursuant to the applicable Board
If possible criminal conduct is involved, v Yes [] No [] N/A	vas law enforcement notified? []
Date: Contact person:	
Status, if known:	

II. Bullying Report & Investigation Information

Name of Complainant: Check one: [] Student [] Pare [] Other (please specify):		
If a student, specify school and gra If a parent/guardian or other, provid	nde (optional): de contact information:	
Is the Complainant the target of the	e alleged bullying being	reported?[]Yes[]No
Does the Complainant wish to rem	ain anonymous? [] Yes	[] No
Student(s) reported as targets of a	lleged bullying (use reve	erse side if needed):
Name:	School:	Grade:
Name:	School:	Grade:
Person(s) reported as engaged in a needed):	alleged bullying conduct	(use reverse side if
Name:Name:	[]S	tudent [] Staff [] Other
Person(s) reported as having witne reverse side if needed):	essed or knowledge abo	ut the alleged bullying (use
Name: Name:	[]S	tudent [] Staff [] Other
Description of the alleged bullying locations(s), methods (e.g., physical psychological, social, images or ite incident(s) occurred, whether an inthe perpetrator/, the relationships obullying was based on any protected board policy (use reverse side and	al, verbal, written, electro ems displayed or worn, en hbalance of power exists of the involved individuals and category under federa	onic/social media, tc.), how often the between the target and s, and whether the alleged al or state law or school

File: JICDE*-E-2 Did the Complainant allege that the student(s) were the targets of the alleged bullying in any of the following way(s)? (Check all that apply.) [] Electronic devices (e.g., internet, Social media platforms, text, email, cyberbullying, etc.) [] Written communication (e.g., email, handwritten notes, other written documents, Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, [] Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, [] Social (e.g., purposeful exclusion, causing psychological harm, etc.) [] Items depicting implied hatred or prejudice worn, possessed, or displayed Other (please explain): Did the Complainant allege that the alleged bullying incident(s) was based on any of the following characteristics? (Check all that apply; if yes, refer to the appropriate policy and procedure addressing nondiscrimination/equal opportunity or sexual harassment under Title IX.-) [] National Origin []Race [] Color [] Religion [] Sex [] Ancestry []Age [] Mental disability [] Sexual orientation [] Physical disability

[] Creed

expression

[] Gender identity

[] Gender

perceived characteristics Other (please specify):	
Evidence of alleged bullying provided to the (e.g., school or bus surveillance video, cell permails, letters, written statements, notes, po	phone video, photographs, digital images,
Have there been any prior incidents of bullyi any or all of the involved individuals?	
Additional school staff, if any, involved in inv	
•	Position:
Name:Role in Investigation:	Position:
Name: Role in Investigation:	Position:
III. Special Education Review	
Do any of the students involved in the allege education services under an IEP or a Section the process of being referred or evaluated for refer to student's IEP or 504 Plan and consection 504 coordinator. [1] Yes [1] No	n 504 Plan, or are any of the students in or special education services? <i>If Yes,</i>

Name:				Date of	contact: _		
[]IEP	[] 504 Pla	n []Referra	al or Evaluat	ion			
Name:	[] 504 Pla	n []Referra	l al or Evaluat	Date of ion	contact: _		
Name:	[] 504 Pla	n []Referra	l al or Evaluat		contact: _		
IV. Interim M	leasures						
Were any int		res impleme	nted for any	of the ir	nvolved stu	udents?	•
Student Nam Description documentation	ne: of interim on):	measure (Se.g., safety	chool: _. , plan,	duration,	Grade: etc.)	(attach
Student Nam Description documentation	ne: of interim on):	measure (Se.g., safety	chool: __ _ plan,	duration,	Grade: etc.)	(attach
Student Nam Description documentation	of interim	measure (Se.g., safety	chool: __ plan,	duration,	Grade: etc.)	(attach
V. Findii	ngs						
Summary of did or did no accompanyir of the involve additional pa	t constitute I ng policy; de ed students'	bullying or ot etermine whe education or	her prohibite ther the alle	d behav ged con	∕ior under duct adve	this extr sely af	nibit's fected any

File: JICDE*-E-2 IV. **Parent/Guardian Notification** Document notification(s) to the students involved in the alleged incident(s) of bullying and their_parents/guardians of the outcome of the investigation and any other information deemed appropriate by the investigator and designated administrator. The information may be provided, based on school district policy, procedures, and practice, as well taking into consideration the circumstances of the matter, in the form of a written report or meetings with each student and the student's parents/)f

guardians, and may include an overview of the investigation, and the actions taken to a Information shared with students and pa accordance with applicable law and sch	address the reported arents/guardians mu	incident of bullying.
Student Name: Parent/Guardian Contacted: Stoff Member (name and position/title):	School:	Grade:
Staff Member (name and position/title): Date(s) of Contact:		
Type of Contact (phone, in person, email):		
6 of 8		

Summary of information provided, discussion, and next steps:				
Student Name: Parent/Guardian Contacted: Staff Member (name and position/title): Date(s) of Contact: Type of Contact (phone, in person, email): Summary of information provided, discussion, a				
Student Name: Parent/Guardian Contacted: Staff Member (name and position/title): Date(s) of Contact: Type of Contact (phone, in person, email): Summary of information provided, discussion, a				
VI. Interventions Interventions to address bullying may include, by work services, restorative measures, social-emoschool psychological services, development of a services, and discipline. The school district shand discipline policies and procedures for an disciplinary actions that may result from a best contact.	otional skill build a safety plan, co nould refer to it ext steps regar ullying inciden	ling, counseling, mmunity-based s code of conduct rding any t.		
Student Name: Intervention: Outcome:		Grade:		
Student Name: Intervention: Outcome:		Grade:		

Student Name:Intervention:	School:	Grade:
Outcome:		
VI. Recordkeeping		
The bullying report, investigation checklist/do findings reports (if any), records of any responsible law, and any other records related of bullying and any responsive actions will be applicable law and school Board policy.	nsive actions in actions in actions the	cordance with e reported incident(s)
Checklist and documentation submitted to): Date:		
Investigator Signature:	Date	e:
(Issue date)		
Revised February 2022 Adopted: April 20, 2022		

Big Sandy School District 100j, Simla, CO