Trinidad School District JICDE-E-2

Bullying Investigation Form

Instructions: Attach all reports, documents, evidence, and written accounts of the alleged bullying incident(s) to this investigation form.

Date of bullying report:
Designated administrator:
Date designated administrator received report:
Date investigation started: Date investigation completed:
Investigator: Position/Title:
I. Initial Review
Is the alleged bullying incident(s) within the school district's authority to investigate? [] Yes [] No
Is the alleged bullying incident(s) within the scope of this exhibit's accompanying policy?
If No, the report should be promptly investigated pursuant to the applicable Board policy. If Yes, promptly investigate the complaint pursuant to this exhibit's accompanying policy.
If possible criminal conduct is involved, was law enforcement notified? [] Yes [] No [] N/A
Date: Contact person:
Status, if known:
II. Bullying Report & Investigation Information
Name of Complainant: Check one: [] Student [] Parent/Guardian [] Staff [] Other (please specify):

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If a student, specify school and a lf a parent/guardian or other, pro	grade (optional):ovide contact information:	
Is the Complainant the target of	the alleged bullying being repo	orted?[]Yes[]No
Does the Complainant wish to re	emain anonymous? [] Yes []	No
Student(s) reported as targets o	of alleged bullying (use reverse	side if needed):
Name:		
	School:	
Name:	School:	Grade:
Person(s) reported as engaged needed):	in alleged bullying conduct (use	e reverse side if
Name:	[] Stude	ent [] Staff [] Other
Name:		
Name:	[] Stude	ent [] Staff [] Other
Person(s) reported as having wi (use reverse side if needed):	itnessed or knowledge about th	e alleged bullying
Name:	[] Stude	ent [] Staff [] Other
Name:		
Name:		
Description of the alleged bullyir locations(s), methods (e.g., physics) psychological, social, images or incident(s) occurred, whether are the perpetrator/the relationships bullying was based on any protest board policy (use reverse side a	ng incident(s), including date(s) sical, verbal, written, electronic, items displayed or worn, etc.), in imbalance of power exists beto of the involved individuals, and ected category under federal or	, times(s), /social media, how often the ween the target and d whether the alleged state law or school

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Did the Complainant alle bullying in any of the follow		ere the targets of the alleged I that apply.)
bullying, etc.) [] Written communication		a platforms, text, email, cyber- en notes, other written documents,
etc.) [] Physical act or conduetc.)	ct (e.g., pushing, hitting,	destruction of property, stalking,
[] Verbal act or conduct etc.)	(e.g., rumors, lies, name	e-calling, using derogatory slurs,
[] Social (e.g., purposef	ed hatred or prejudice wo	orn, possessed, or displayed
the following characterist	ics? (Check all that appl dressing nondiscrimination	ing incident(s) was based on any of y; if yes, refer to the appropriate on/equal opportunity or sexual
[] Gender identity	[] Creed rson or group with one o	 [] National Origin [] Ancestry [] Military Status [] Sexual orientation [] Gender expression r more of the above actual or
-	<u> </u>	ol or in the school's possession video, photographs, digital

images, emails, letters, written statements, notes, police reports, etc.) (attach all

evidence):

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		of bullying (alleged or substantiated) involving
Additional so	chool staff, if any, involve	ed in investigation:
Name:		Position:
Role in Inves		
		Position:
Role in Inves	stigation:	
Name:		Position:
Role in Inves	stigation:	
III. Specia	I Education Review	
education se the process or refer to stud	ervices under an IEP or a of being referred or eval dent's IEP or 504 Plan a decordinator.	e alleged bullying incident(s) receive special a Section 504 Plan, or are any of the students in uated for special education services? <i>If Yes,</i> and contact special education director or
Name:	[] [] [] [] []	Date of contact:
[] IEP	[] 504 Plan	[] Referral or Evaluation
Name: [] IEP	[] 504 Plan	Date of contact: [] Referral or Evaluation
	[] JOT I IAII	
Name:		Date of contact:

	iidad School Dist EP		[] Referral or Eval	uation	JICDE-E-2
IV.	Interim Meas	ures			
	re any interim m ⁄es[]No	neasures impleme	nted for any of the invo	lved students?	,
Des doc	cription of inter umentation):	im measure (e.g.,	School: safety plan, duration, e	etc.) (attach	
Des doc	cription of inter umentation):	im measure (e.g.,	School: safety plan, duration, e	etc.) (attach	
Des			School: safety plan, duration, e	etc.) (attach	
Sun did acco	or did not const ompanying poli	itute bullying or ot cy; determine whe lents' education o	tion (i.e., determine whe her prohibited behavior other the alleged condu r educational environm	ether the alleger under this ext ct adversely af	ed conduct nibit's fected any

	
estigation and and and designated a istrict policy, produmstances of the tand the studente investigation paddress the reports/guardia	ny other dministrator. cedures, and matter, in the t's process, the orted incident
chool:	Grade:
ext steps:	
/all Links	the alleged incide vestigation and a and designated a listrict policy, proumstances of the at and the studen he investigation parents/guardia d policy. chool:

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Student Name:	School:	Grade:
Parent/Guardian Contacted:		
Staff Member (name and position/		
Date(s) of Contact:		
Type of Contact (phone, in person	ı, email):	
Summary of information provided,	discussion, and next steps: _	
Student Name:	School:	Grade:
Student Name: Parent/Guardian Contacted:		01440
Staff Member (name and position/		
Date(s) of Contact:		
Type of Contact (phone, in person	, email):	
Summary of information provided,	•	
Outcome	es, social-emotional skill buildi velopment of a safety plan, cor pol district should refer to its redures for next steps regard sult from a bullying incident	ng, counseling, mmunity-based s code of conduct ding any
Student Name:Intervention:	School:	Grade:
Outcome:		
Student Name:	School:	 Grade:

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Intervention:	
Outcome:	
VI. Recordkeeping	
The bullying report, investigation checklist/dofindings 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.	onsive actions in accordance with do investigating the reported incident(s)
Checklist and documentation submitted to): Date:	
Investigator Signature:	Date:

Revised Mar. 2022 Adopted Mar. 2020