

Aggressive Behavior / HIB Sample Report & Investigation Template

THE INCIDENT REPORT

Incident Report received via: (oral, written, electronic, etc...)		Date Received:	
Incident Report received by:			
Interview Conducted By:		Today's Date: Within 2 days of receipt	
Date of Incident:		Time of Incident:	
Student Filing Complaint:	(optional)	Grade:	
Targeted Student(s):		Grade:	
Alleged Aggressor(s):		Grade:	
Bystander / Witness:		Grade:	
Bystander / Witness:		Grade:	
Location(s) of incident:			
Please check below all that apply:			

- | | | |
|---|--|---|
| <input type="checkbox"/> Blocked movement
<input type="checkbox"/> Damage to my property
<input type="checkbox"/> Derogatory comments
<input type="checkbox"/> Disrespectful comments
<input type="checkbox"/> Electronic Bullying
<input type="checkbox"/> Excluding me from activities
<input type="checkbox"/> Gender slurs
<input type="checkbox"/> Gestures | <input type="checkbox"/> Intimidation directed toward me
<input type="checkbox"/> Make my environment feel threatening
<input type="checkbox"/> Name calling
<input type="checkbox"/> Offensive writing or graffiti
<input type="checkbox"/> Physical harm to me or threats of harm
<input type="checkbox"/> Pranks | <input type="checkbox"/> Racial slur(s)
<input type="checkbox"/> Repeated behavior
<input type="checkbox"/> Sexual stories/jokes
<input type="checkbox"/> Sexual Orientation Slurs
<input type="checkbox"/> Slurs, rumors, jokes
<input type="checkbox"/> Spreading rumors
<input type="checkbox"/> Touching or grabbing
<input type="checkbox"/> Other, Describe: |
|---|--|---|

Other:

Description of incident/situation:

Family of Target Notified		Date: Within 2 days of receipt	
Family of Alleged Aggressor Notified		Date: Within 2 days of receipt	

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THE INVESTIGATION

Interviewer: _____ **Interviewee:** _____

Interview Questions: (Questions should be specific. Focus on the senses. Be non-judgmental. Do not paraphrase. Do not *repeat* "he said/she said" responses. Keep interviewer affect low. Examples: What did you see? What did you hear? What did you feel? Where did this happen? When did this happen? Can you show me..... Etc... Repeat the **same questions** with each student.)

Resolution reached: Yes or No If yes, describe:

Investigation Results: (Attach all supporting documentation.)

Date Completed: Within 5 days of receipt	
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Response/Results

Referral to CPS if appropriate (use separate paperwork).

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FOLLOW-UP ACTIONS

Safety Plan for Targeted Student(s) YES NO

Corrective Measure for Alleged Aggressor: YES NO

Briefly describe:

Perpetrator warned against retaliation.

Appropriate Disciplinary Action forms completed and communicated

Family of Target Notified		Date: Within 2 days of investigation	
Family of Alleged Aggressor Notified		Date: Within 2 days of investigation	
Compliance Officer Notified / Investigation Results Sent		Date: Within 2 days of investigation	

Follow-up meeting with complainant on this date:

Persons at the meeting:

Staff Member(s):

Student(s):

Other(s):

Comments regarding follow-up meeting:

Signature

Date