



# O'Donnell Independent School District Bullying Prevention and Incident Report/Investigation

## CONTACT INFORMATION FOR PERSON FILING REPORT

Reports may be filed anonymously. This section is optional, but it would benefit the investigation if the school receives as much detail as possible.

Person Filing the Report: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Grade (if person filing report is a student): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Are you: (please check all that apply)

\_\_\_\_\_ target of the behavior    \_\_\_\_\_ witness to the behavior    \_\_\_\_\_ parent/guardian    \_\_\_\_\_ school staff

## INFORMATION REGARDING INCIDENT

What is the name of student being bullied? \_\_\_\_\_ Grade: \_\_\_\_\_

What is the name of the bully? \_\_\_\_\_ Grade: \_\_\_\_\_

Where did the bullying take place? (please check all that apply)

- |  |                         |
|--|-------------------------|
| _____ school bus                             | _____ classroom/library |
| _____ common area/playground                 | _____ cafeteria         |
| _____ hallway                                | _____ gym/locker room   |
| _____ social media (Facebook, Instagram)     | _____ text message      |
| _____ Snapchat                               | _____ phone call        |
| _____ walking to and from lunch (jh/hs only) | _____ restroom          |
| _____ other _____                            |                         |

Date and Time when incident(s) occurred: \_\_\_\_\_

Describe what happened (may add more information on separate page):

Witnesses (List people who saw or have information about the incident):

Name: \_\_\_\_\_ Student/Staff/Parent (please circle one)

Name: \_\_\_\_\_ Student/Staff/Parent (please circle one)

Name: \_\_\_\_\_ Student/Staff/Parent (please circle one)

Signature of Person Filing this Report: (optional; reports may be filed anonymously)

\_\_\_\_\_ Date: \_\_\_\_\_

## FOR ADMINISTRATIVE USE ONLY

Form Given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_