

# JICK-E2 - Bullying Investigation And Response Form

## JICK-E2 - MSAD #35 - Bullying Investigation And Response Form

Date the alleged incident of bullying was reported: \_\_\_\_\_

Name of person investigating alleged incident(s): \_\_\_\_\_

Position/title of investigator: \_\_\_\_\_

Name of person reporting bullying incident(s): \_\_\_\_\_

Person reporting is (circle one) Student      Parent      School Employee      Coach/advisor  
Volunteer

Other \_\_\_\_\_

Name(s) of alleged target: \_\_\_\_\_

Name(s) of alleged bully (bullies): \_\_\_\_\_

Name(s) of potential witnesses: \_\_\_\_\_

Where did the alleged incident(s) occur (check one or more):

\_\_\_\_\_ on school property

\_\_\_\_\_ on school bus

\_\_\_\_\_ at a school sponsored activity

\_\_\_\_\_ through use of technology      \_\_\_ at school      \_\_\_ off-campus

\_\_\_\_\_ elsewhere (be specific)

Time and location(s) of incident(s):

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Does targeted student have an IEP? \_\_\_\_ Yes \_\_\_\_ No (If yes, refer to plan.)

Does targeted student have a 504 plan? \_\_\_\_ Yes \_\_\_\_ No (If yes, refer to plan.)

Is the targeted student in the referral process for either? \_\_\_\_ Yes \_\_\_\_ No

(If yes, specify) \_\_\_\_\_

If the targeted student receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: \_\_\_\_\_ Date: \_\_\_\_\_

Does alleged bully have an IEP? \_\_\_\_ Yes \_\_\_\_ No (If yes, refer to plan.)

Does alleged bully have a 504 plan? \_\_\_\_ Yes \_\_\_\_ No (If yes, refer to plan.)

Is the alleged bully in the referral process for either? \_\_\_\_ Yes \_\_\_\_ No

(If yes, specify) \_\_\_\_\_

If the alleged bully receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: \_\_\_\_\_ Date: \_\_\_\_\_

Do school unit's records show prior reports of alleged or substantiated incidents of bullying involving the alleged target or alleged bully? If so, describe incident and outcome(s):

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Meeting/interview of student who believes he/she has been bullied, description of alleged incident(s) (dates and details):

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Communications with parents(s) of student who believes he/she has been bullied date(s) and details):

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Meeting/interview of alleged bully (bullies) (dates and details):

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Communications with parent(s) of alleged bully (bullies) (dates and details):

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Meeting/interview of persons identified as witnesses (dates and summary of information provided):

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Further evidence of bullying examined (videos, photos, email, letters, etc.):

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Measures taken pending conclusion of the investigation to ensure the safety of the student who believes he/she has been bullied:

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Safety measures communicated to parents of student who believes he/she has been bullied (date and details):

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**Is the alleged bullying substantiated**, i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy? \_\_\_\_Yes \_\_\_\_No

Nature of harm incurred:

- \_\_\_\_Physical harm to student or damage to student's property
- \_\_\_\_Student's reasonable fear of physical harm or damage to property
- \_\_\_\_Hostile educational environment
- \_\_\_\_Infringement of student's rights at school

Conduct resulting in harm (in item above) is on the basis of:

- \_\_\_\_National origin/ancestry/ethnicity
- \_\_\_\_Religion
- \_\_\_\_Physical, mental, emotional or learning disability
- \_\_\_\_Sex
- \_\_\_\_Sexual orientation
- \_\_\_\_Gender/gender identity/expression
- \_\_\_\_Age
- \_\_\_\_Socioeconomic status

\_\_\_ Family status

\_\_\_ Physical appearance

\_\_\_ Weight

\_\_\_ Other distinguishing personal characteristics

\_\_\_ Other (explain) \_\_\_\_\_

Summary of investigation/Explanation of findings:

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Recommended disposition:

Disciplinary action - alternative discipline: \_\_\_\_\_

Disciplinary action - suspension (in-school, out-of-school): \_\_\_\_\_

Expulsion (recommended for expulsion): \_\_\_\_\_

Recommendations for support services:

Counseling/referral to services (targeted student): \_\_\_\_\_

Counseling/referral to services (bully): \_\_\_\_\_

Recommendation to report to law enforcement? \_\_\_ Yes \_\_\_ No

\_\_\_ Potential criminal violation      \_\_\_ Potential civil rights violation

Recommendations in other substantiated bullying situations:

If bully is school employee or administrator, recommendation for action to be taken by Superintendent (any action must be consistent with collective bargaining agreement or individual contract):

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If bullying is by another adult person associated with the school (e.g., volunteer, visitor, or contractor):

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

If bullying involves a school-affiliated organization:

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

Signature of investigator: \_\_\_\_\_

If investigator is not building principal, copy to principal on [date]

Copy to Superintendent on [date]

### **ACTIONS TAKEN BY PRINCIPAL**

The student received/will receive the following discipline actions (consequences):

\_\_\_\_\_ Alternative Discipline

\_\_\_\_\_ Detention

\_\_\_\_\_ Weekend Detention

\_\_\_\_\_ In-school suspension

\_\_\_\_\_ Out-of-school suspension

\_\_\_\_\_ Expulsion/Recommended for expulsion

Alternative discipline imposed for this student (if applicable):

\_\_\_\_\_ Meeting with the student and the student's parent(s) or guardian(s)

\_\_\_\_ Reflective activities, such as requiring the student to write an essay about the student's misbehavior

\_\_\_\_ Mediation, but only when there is mutual conflict between peers, rather than one-way negative behavior, and both parties voluntarily choose this option

\_\_\_\_ Counseling

\_\_\_\_ Anger management

\_\_\_\_ Health counseling or intervention

\_\_\_\_ Mental health counseling

\_\_\_\_ Participation in skills building and resolution activities, such as social/ emotional/ cognitive skills building, resolution circles and restorative conferencing

\_\_\_\_ Community service

Referral to law enforcement? \_\_\_\_ Yes \_\_\_\_ No

Written notice has been provided to parent(s)/guardian(s) of the student who has been found to have engaged in bullying, including the process for appeal.

Notification sent by principal: [Date]

Copy to Superintendent: [Date]

## **APPEAL OF PRINCIPAL'S DECISION**

Date appeal submitted: \_\_\_\_\_

All appeals to the Superintendent must be submitted, in writing, to the Central Office within 14 calendar days of the building principal's decision. The Superintendent's decision shall be final.

Superintendent's decision:

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Date parent(s)/guardian(s) notified of Superintendent's decision: \_\_\_\_\_

## **ACTIONS TAKEN BY THE SUPERINTENDENT**

\_\_\_\_ Recommendation to Board for student expulsion

\_\_\_\_ Action on student/parent appeal of principal's decision

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\_\_\_\_ Action taken against employee: (If confidential employment action, in personnel file)

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\_\_\_\_ Recommendation to Board for suspension/revocation of sanctioning/approval of school-affiliated organization

\_\_\_\_ Other: \_\_\_\_\_

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Cross Reference: ACAA-R – Student Harassment and Sexual Harassment Procedure

JICK – Bullying

JICK-R - Bullying-Administrative Procedure

JRA-R – Student Education Records and Student Information

Policy Adopted: November 1, 2006

Policy Revised: May 15, 2013, March 01, 2017

Policy/Exhibit Reviewed January 20, 2021

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