

Swansea Public Schools
Bullying / Harassment / Aggression
INCIDENT FOLLOW-UP REPORT FORM

To be completed by Principal / Assistant Principal

Reporter's Name: _____ Date: _____

Reporter's Position: _____

Name(s) of Target Interviewed: _____

Was the aggressor's behavior unwelcome, unwanted: Yes No

Did this incident create a hostile, intimidating or offensive educational environment: Yes No

Did this incident interfere with or limit the ability of the individual(s) to participate in or benefit from services, activities or privileges of school: Yes No

- _____ supported him/her, i.e. affirmed his/her feelings
- _____ brainstormed on solutions for avoiding aggression
- _____ reminded him/her to report aggression
- _____ recruited peers to befriend him/her
- _____ notified teacher of target
- _____ notified other staff, including:

_____ Referred for counseling

Interviewed student(s) accused of aggression.

Date: _____

Name(s): _____

Confirmation of incident (* if not witnessed by an adult Yes No)

If No, proceed with interviewing witnesses.

Interview witnesses of aggression: Yes No

Date: _____

Name: _____

Discussed importance of reporting incidents of aggression: Yes No

Confirmation of incident by witnesses: Yes No

Bullying / Harassment / Aggression
INCIDENT FOLLOW-UP REPORT FORM (continued)

Aggression Confirmed:

First Offense Second Offense Third Offense Other _____

Undisputed facts: _____

Harassment / bias indicators discovered: _____

Motivation and intent based on bias / harassment indicators: _____

Type of harassment / discrimination / bullying confirmed: _____

Intervention / consequence administered (refer to *Intervention Consequences Chart*): _____

Informed / reviewed with perpetrator what will happen if behavior continues YES NO

“Think About It Form” completed: YES NO

Date: _____

Witnessed By: _____

Notified parent of accused: YES NO

(When notifying parents, be conscious of pointing out any positive behaviors exhibited by student, i.e.; telling the truth, demonstrating remorse, etc.)

Notification of teacher / staff interacting with accused: YES NO

Name(s): _____

Referred for counseling: YES NO

Additional comments / Information:

Remedial action steps recommended for school community:

Once the “Incident Report Form”, “Follow-Up Form”, “Parent Communication Letter”, “Think About It Form” and “Investigation Form” are completed, staple them together and file them in a secure location; preferably in The Administration Office.