

THE DO'S AND DON'T ABOUT BULLYING

DO NOT ignore bullying

DO intervene immediately

DO separate alleged aggressor and target

DO stay calm

DO NOT make promises

DO reassure reporters and targets

DO empower aggressors to change

DO maintain confidentiality

DO be objective

DO be timely

Remember—Bullying is not the same as conflict. Bullying is abuse. It occurs when a socially powerful (popular or feared) student emotionally or physically abuses a weaker student thereby making him/her feel afraid or hurt.

Marian High School

Parent/Guardian Communication Form

Date:

Dear

Your child was involved in an incident in school today. We believe it is important to share this information with you.

What was reported:

Actions to prevent further bullying or retaliation:

The incident has been investigated and will be monitored. Due to reasons of confidentiality, students' names and disciplinary actions cannot be revealed.

Please sign and return this letter to school in an envelope addressed to me as soon as possible. Please do not hesitate to contact me if you have any questions or concerns.

Thank you

Principal/Designated Staff

Date

Parent/Guardian Signature

Date

Bullying/Retaliation Process

- 1. Report incident (FORM)**
- 2. Investigate/Interviews (FORM)**
- 3. Parent/Guardian Notification**
- 4. Assign Consequences**
- 5. Document Incident & Consequences**
- 6. File Confidential Report**

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. **Name Of Reporter/Person Filing the Report:** _____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged Aggressor solely on the basis of an anonymous report.)

2. Check whether you are the: **Target of the behavior** **Reporter (not the Target)**

3. Check whether you are a: **Student** **Staff Member (specify role)** _____
 Parent/Guardian **Administrator** **Other** _____
(specify)

Your contact information/telephone number: _____

4. If student, state your school: _____ Grade: _____

5. If staff member, state your school or work site: _____

6. **Information about the incident:**

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

Date(s) of Incident(s) Occurred: _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

7. **Witnesses (List people who saw the incident or have information about it):**

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

8. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional sheets of paper if necessary and attach them to this document.

FOR ADMINISTRATIVE USE ONLY

9. **Signature of Person Filing this Report:** _____ **Date:** _____
(Note: Reports may be filed anonymously)

10. **Form Given to:** _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____

II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____
2. Interviews:
- Interviewed Aggressor Name: _____ Date: _____
- Interviewed Target Name: _____ Date: _____
- Interviewed Witnesses Name: _____ Date: _____
- Name: _____ Date: _____
3. Any prior documented incidents by the Aggressor? Yes No
- If yes, have incidents involved Target or Target group previously? Yes No
- Any previous incidents with findings of BULLYING, RETALIATION Yes No

Summary of Investigation:

(Please use additional sheets of paper and attach to this document as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:
- YES NO
- Bullying Incident documented as _____
- Retaliation Discipline referral only _____
2. Contacts:
- Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____
- Catholic Schools Office Date: _____ Law Enforcement Date: _____
3. Action Taken:
- Loss of Privileges Detention Referral Suspension
- Community Service Education Other _____
4. Describe Safety Planning: _____
- Follow-up with Target: scheduled for _____ Initial and Date when completed: _____
- Follow-up with Aggressor: scheduled for _____ Initial and Date when completed: _____
- Report forwarded to Principal: Date _____
(If Principal was not the investigator)
- Signature and Title: _____ Date: _____