

DIOCESE of DES MOINES ANTI-BULLYING INVESTIGATOR FOLLOW-UP

This form could be used as documentation of the situation from the perspective of the target or any other students related to or involved in the incident.

Name of person conducting follow-up _____

People present _____

Date of follow-up _____ **Time** _____

According to the student, the situation is:

Better Worse No difference

Comments:

Parent contacted: Date _____ Time _____ Person making contact _____

Summary of investigation and follow-up

Additional action needed:

Yes, action to be taken

No