

## DIOCESE of DES MOINES ANTI-BULLYING INCIDENT REPORT

The top portion of this form is to be completed by anyone (teacher, student, parent) observing an incident of concern. This entire form should then be sent to the principal of the building who will establish the investigation procedures.

Name of person completing report \_\_\_\_\_

Incident date: \_\_\_\_\_ Reported date: \_\_\_\_\_

Student(s) bullied/harassed \_\_\_\_\_ State ID \_\_\_\_\_ Building \_\_\_\_\_ Grade \_\_\_\_\_

Identify each of the following 18 categories (real or perceived) for which the student is reported to have been bullied/harassed. Check all that apply.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Age              | <input type="checkbox"/> Color                        | <input type="checkbox"/> Race                 | <input type="checkbox"/> Creed                     |
| <input type="checkbox"/> National Origin  | <input type="checkbox"/> Ancestry                     | <input type="checkbox"/> Marital Status       | <input type="checkbox"/> Sex                       |
| <input type="checkbox"/> Religion         | <input type="checkbox"/> Gender Identify              | <input type="checkbox"/> Physical Attributes  | <input type="checkbox"/> Physical/Mental Abilities |
| <input type="checkbox"/> Political Belief | <input type="checkbox"/> Political Party Preference   | <input type="checkbox"/> Socioeconomic Status | <input type="checkbox"/> Sexual Orientation        |
| <input type="checkbox"/> Familial Status  | <input type="checkbox"/> Other (Please Specify) _____ |   |  |

Method of bullying/harassment (check all that apply).

- |   |   |                                 |                                   |
|---|---|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Electronic Communication   | <input type="checkbox"/> Written Communication (e.g. cyber) | <input type="checkbox"/> Verbal | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Social/Relational (ostracizing, exclusion) <input type="checkbox"/> Other (Please Specify) _____ |   |                                 |                                   |

Location of incident (check all that apply).

- |                                     |                                     |  |                                      |
|-------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Bus        | <input type="checkbox"/> Hallway    | <input type="checkbox"/> Classroom                                 | <input type="checkbox"/> Locker room |
| <input type="checkbox"/> Gym        | <input type="checkbox"/> Cafeteria  | <input type="checkbox"/> Extra curricular activity (on/off campus) | <input type="checkbox"/> Bathroom    |
| <input type="checkbox"/> At Lockers | <input type="checkbox"/> Playground | <input type="checkbox"/> Other(Please Specify) _____               |                                      |

Person(s) reported to have bullied/harassed \_\_\_\_\_

If district student enter student's state ID \_\_\_\_\_ Building \_\_\_\_\_ Grade \_\_\_\_\_

If the person is a school staff member or volunteer, the administrator investigating must enter data into the Iowa Department of Education EdInfo site, entry may not be completed by an administrative assistant.

Identify where the person(s) reported to have bullied/harassed is from.

- |   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> District Student | <input type="checkbox"/> Student from other district | <input type="checkbox"/> School Staff Member | <input type="checkbox"/> Volunteer |
|---|--|--|------------------------------------|

**To be completed by school counselors, investigators and administrators only.**

If the Iowa Anti-Bullying/Harassment law was violated, check all of the reasons that apply.

- Was violated because conduct places the student in reasonable fear of harm to the student's person or property.
- Was violated because conduct has a substantially detrimental effect on the student's physical or mental health.
- Was violated because conduct has the effect of substantially interfering with the student's academic performance.
- Was violated because the conduct has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.

If the Iowa Anti-Bullying/Harassment law was not violated, check the box indicating that another law, school policy, or rule was violated or check the box indicating that no law, school policy, or rule was violated.

- Was NOT violated nor was any other law/school policy/rule violated.
- Was NOT violated but another Iowa/school policy/rule was violated (such as school code of conduct).

Check all of the following consequences/remedial actions that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Verbal warning                       | <input type="checkbox"/> Written warning                       | <input type="checkbox"/> Parent(s) or guardian(s) notified |
| <input type="checkbox"/> Parent(s) or guardian(s) conference  | <input type="checkbox"/> Signed agreement                      | <input type="checkbox"/> Counselor follow up               |
| <input type="checkbox"/> Restricted privileges                | <input type="checkbox"/> Specialized seating assignment        | <input type="checkbox"/> Individual Behavior Plan          |
| <input type="checkbox"/> Detention/Saturday School            | <input type="checkbox"/> In School Suspension - _____ days     | <input type="checkbox"/> SRO Referral                      |
| <input type="checkbox"/> Suspension or expulsion - _____ days | <input type="checkbox"/> Law enforcement                       | <input type="checkbox"/> Community Service                 |
| <input type="checkbox"/> Bus Suspension - _____ days          | <input type="checkbox"/> Student Conference with Administrator | <input type="checkbox"/> Referral to Internal Team         |
| <input type="checkbox"/> No consequences warranted            | <input type="checkbox"/> Other (Please specify)                |  |

Investigation Completed by \_\_\_\_\_ Date \_\_\_\_\_

Data entered in to Iowa Department of Education EdInfo site by \_\_\_\_\_ Date \_\_\_\_\_