

**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