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.

☐ Age  ☐ Color  ☐ Race  ☐ Creed
☐ National Origin  ☐ Ancestry  ☐ Marital Status  ☐ Sex
☐ Religion  ☐ Gender Identify  ☐ Physical Attributes  ☐ Physical/Mental Abilities
☐ Political Belief  ☐ Political Party Preference  ☐ Socioeconomic Status  ☐ Sexual Orientation
☐ Familial Status  ☐ Other (Please Specify) ____

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

☐ Electronic Communication  ☐ Written Communication (e.g. cyber)  ☐ Verbal  ☐ Physical
☐ Social/Relational (ostracizing, exclusion)  ☐ Other (Please Specify) ____

Location of incident (check all that apply).

☐ Bus  ☐ Hallway  ☐ Classroom  ☐ Locker room
☐ Gym  ☐ Cafeteria  ☐ Extra curricular activity (on/off campus)  ☐ Bathroom
☐ At Lockers  ☐ Playground  ☐ 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.

☐ District Student  ☐ Student from other district  ☐ School Staff Member  ☐ 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.

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

Investigation Completed by ____ Date ____

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