

**DIOCESE of DES MOINES ANTI-BULLYING INVESTIGATOR INTERVIEW NOTES**

Name of person investigating \_\_\_\_\_

Name of person being interviewed \_\_\_\_\_

**Role of person being interviewed:**
 Student allegedly bullied       Student who allegedly bullied       Witness/bystander
**Parent notified**
 Yes    Date \_\_\_\_\_    Time \_\_\_\_\_    Person making contact \_\_\_\_\_  
 No
**The following items were addressed:**
 Confidentiality       Review of school policy       Review of non-retaliation  
 Consequences for false information       Investigation procedures       Safety plan
**Specifics – What exactly happened, when, to whom, how?****History of relationship****Impact of incident****Safety plan if appropriate****Additional comments**

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

Names of additional witnesses/bystanders \_\_\_\_\_

\_\_\_\_\_  
Investigator's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Interviewee's Signature\_\_\_\_\_  
Date