

**BULLYING INVESTIGATION FORM**

*Instructions: Attach all reports, documents, evidence, and written accounts of the alleged bullying incident(s) to this investigation form.*

Date of bullying report: \_\_\_\_\_

Designated administrator: \_\_\_\_\_

Date designated administrator received report: \_\_\_\_\_

Date investigation began: \_\_\_\_\_ Date investigation completed: \_\_\_\_\_

Investigator: \_\_\_\_\_ Position/Title: \_\_\_\_\_

**I. Initial Review**

Is the alleged bullying incident(s) within the Centennial BOCES's authority to investigate?

Yes  No

*If No, notify the Complainant and provide resource for support.*

*If Yes, move to next question.*

Is the alleged bullying incident(s) within the scope of this exhibit's accompanying policy?

*If No, the report should be promptly investigated pursuant to the applicable CBOCES policy. If Yes, promptly investigate the complaint pursuant to this exhibit's accompanying policy.*

If possible criminal conduct is involved, was law enforcement notified?  Yes  No  NA

Date: \_\_\_\_\_ Contact person: \_\_\_\_\_

Status, if known: \_\_\_\_\_

**II. Bullying Report & Investigation Information**

Name of Complainant: \_\_\_\_\_

Check one:  Student  Parent/Guardian  Staff  Other (please specify):

\_\_\_\_\_

If a student, specify school and grade (optional): \_\_\_\_\_

If a parent/guardian or other, provide contact information: \_\_\_\_\_

Is the Complainant the target of the alleged bullying being reported?  Yes  No

Does the Complainant wish to remain anonymous?  Yes  No

Student(s) reported as targets of alleged bullying (use reverse side if needed):

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Person(s) reported as engaged in alleged bullying conduct (use reverse side if needed):

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other

Person(s) reported as having witnessed or knowledge about the alleged bullying (use reverse side if needed):

Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other

Description of the alleged bullying incident(s), including date(s), time(s), and location(s), methods (e.g., physical, verbal, written, electronic/social media, psychological, social, images or items displayed or worn, etc.), how often the incident(s) occurred, whether an imbalance of power exists between the target and the perpetrator, the relationships of the involved individuals and whether the alleged bullying was based on any protected category under federal or state law or school board policy (use reverse side and/or additional pages if needed):

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Did the complainant allege that the student(s) were the targets of the alleged bullying in any of the following way(s)? (Check all that apply.)

- Electronic devices (e.g., internet, Social media platforms, text, email, cyber-bullying, etc.)
- Written communication (e.g., email, handwritten notes, other written documents, etc.)
- Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)
- Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.)
- Social (e.g., purposeful exclusion, causing psychological harm, etc.)
- Items depicting implied hatred or prejudice worn, possessed, or displayed
- Other (please explain): \_\_\_\_\_

Did the complainant allege that the alleged bullying incident(s) was based on any of the following characteristics? (Check all that apply: if yes, refer to the appropriate policy and procedure addressing nondiscrimination/equal opportunity or sexual harassment under Title IX.)

- Race  National Origin
- Color  Religion

- Sex
- Ancestry
- Age
- Marital status
- Military Status
- Physical disability
- Mental disability
- Sexual orientation

- Gender identity
- Creed
- Gender expression
- Association with a person or group with one or more of the above actual or perceived characteristics
- Other (please explain): \_\_\_\_\_

Evidence of alleged bullying provided to the school or in the school's possession (e.g., school or bus surveillance video, cell phone video, photographs, digital images, emails, letters, written statements, notes, police reports, etc.) (attach all evidence): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Have there been any prior incidents of bullying (alleged or substantiated) involving any or all of the \_\_\_\_\_ involved individuals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional school staff, if any, involved in investigation:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Role in Investigation: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Role in Investigation: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Role in Investigation: \_\_\_\_\_

**III. Special Education Review**

Do any of the students involved in the alleged bullying incident(s) receive special education services under an IEP or a Section 504 Plan, or are any of the students in the process of being referred or evaluated for special education services? *If Yes, refer to student's IEP or 504 Plan and contact special education director or Section 504 coordinator.*

- Yes  No





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**V. Interventions**

Interventions to address bullying may include, but are not limited to, school social work services, restorative measures, social-emotional skill building, counseling, school psychological services, development of a safety plan, community-based services, and discipline. *Centennial BOCES should refer to its code of conduct and discipline policies and procedures for next steps regarding any disciplinary actions that may result from a bullying incident.*

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Intervention: \_\_\_\_\_

Outcome: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Intervention: \_\_\_\_\_

Outcome: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Intervention: \_\_\_\_\_

Outcome: \_\_\_\_\_

**VI. Recordkeeping**

The bullying report, investigation checklist/documentation and evidence, written findings reports (if any), records of any responsive actions in accordance with applicable law,, and any other records related to investigating the reported incident(s) of bullying and any responsive actions will be maintained in accordance with applicable law and BOCES policy.

Checklist and documentation submitted to): \_\_\_\_\_

Date: \_\_\_\_\_

Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: May 19, 2022  
Adopted: November 19, 2020  
Centennial BOCES