

**GULF COUNTY SCHOOL DISTRICT  
BULLYING AND HARASSMENT FINAL REPORT FORM**

**INCIDENT INVESTIGATION FINAL REPORT (Form D)**

School Personnel Completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_  
Month Day Year

<b>Name of Person Who Reported the Incident</b> (From Reporting Form): _____			
Date of Initial Report: _____		Telephone: _____	E-mail: _____
<input type="checkbox"/> Student	<input type="checkbox"/> Parent/guardian	<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Written Report (form)	<input type="checkbox"/> Verbal Report	<input type="checkbox"/> Online Report	<input type="checkbox"/> Anonymous Report

1. Name of alleged victim: \_\_\_\_\_ Male/ Female: \_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_  
(Please print) Race: \_\_\_\_\_ Disabled  Yes  No  
Days absent as a result of the incident: \_\_\_\_\_

2. Name(s) of alleged offender(s) (If known):	Age	School	Is he/she a student?	Days absent due to incident (Include OSS)
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

(Please print)

**INVESTIGATION**

3. Parents/legal guardians of all involved were notified after the investigation was initiated. Date \_\_\_\_\_ Method \_\_\_\_\_

4. What actions were taken to investigate this incident? (choose all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Interviewed alleged victim Date _____                 | <input type="checkbox"/> Interviewed alleged victim's parent/guardian Date _____    |
| <input type="checkbox"/> Interviewed alleged offender(s) Date _____            | <input type="checkbox"/> Interviewed alleged offender's parent/guardian Date _____  |
| <input type="checkbox"/> Interviewed witnesses Date _____                      | <input type="checkbox"/> Examined physical evidence                                 |
| <input type="checkbox"/> Witness statements collected in writing               | <input type="checkbox"/> Conducted student record review (for past incidents, etc.) |
| <input type="checkbox"/> Reviewed any medical information available            | <input type="checkbox"/> Obtained copy of police report                             |
| <input type="checkbox"/> Interviewed teachers/relevant school staff Date _____ | <input type="checkbox"/> Other (specify) _____                                      |

5. Nature of Incident: Possible reasons/alleged motives for the bullying incident (choose all that apply – be specific)

- |  |   |
|--|---|
| <input type="checkbox"/> Because of race               | <input type="checkbox"/> Because of physical appearance             |
| <input type="checkbox"/> Because of national origin    | <input type="checkbox"/> To impress others                          |
| <input type="checkbox"/> Because of marital status     | <input type="checkbox"/> Just to be mean                            |
| <input type="checkbox"/> Because of gender             | <input type="checkbox"/> Past conflicts                             |
| <input type="checkbox"/> Because of gender identity    | <input type="checkbox"/> Retaliation                                |
| <input type="checkbox"/> Because of religion           | <input type="checkbox"/> Because of another reason (specify): _____ |
| <input type="checkbox"/> Because of disability         | <input type="checkbox"/> The reason is unknown                      |
| <input type="checkbox"/> Because of imbalance of power |   |

6. Brief summary of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Where has the alleged bullying/harassment occurred? \_\_\_\_\_

