

BULLYING INCIDENT INVESTIGATION TRACKING FORM**JIC-E**

Report taken by: _____ Date of Report: _____

Complainant Information (who is reporting)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

Alleged Target - Information (who is being bullied)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

Offender 1 Information (who is alleged to have bullied/harassed someone)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

Offender 2 Information (who is alleged to have bullied/harassed someone)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

Offender 3 Information (who is alleged to have bullied/harassed someone)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

Other Party Information (witness)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

Other Party Information (witness)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

Other Party Information (witness)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

Other Party Information (witness)

| | | | | |
|-------|------|---------|-------------------------------|-------|
| Name: | | | Student Other (Circle one) | Staff |
| Age: | Sex: | School: | Grade: | |

For Administrative Use Only

Did the incident involve any of the following features?

| | Yes |
|--|-----|
| Threat to someone’s physical safety | |
| Cyberbullying | |
| Image, video or audio recording of harassment or bullying | |
| Sexual harassment | |
| Discrimination based on race, class, gender, sexual orientation, or other protected status | |
| Other notable feature (please list) – example emotional distress | |

Did the incident result in a substantial disruption of the school environment or infringe on the rights of other students or staff? Yes No (if yes, please describe in as much detail as possible)

Attach printouts of all evidence and additional sheets with statements by individuals.

Description of Action Plan:

What sanctions are being applied and/or what steps are being taken to ensure behavior does not continue?

What additional consequences will be applied if offender fails to comply with action plan?

Attach this form to *Bullying Incident Administrative Tracking Form*