



South Royalton  
School

# Harassment/Bullying Checklist

ACCUSED: \_\_\_\_\_, ACCUSER: \_\_\_\_\_

Date of incident: \_\_\_\_\_, Place of incident: \_\_\_\_\_

Incident report filed by: ( ) Complainant, ( ) Teacher, ( ) Witness, ( ) Parent, ( ) other,

Administration notified: ( ) Assistant Principal, ( ) Principal, Date: \_\_\_\_\_, Time: \_\_\_\_\_

Parent notified by: ( ) Mail, ( ) Phone, ( ) Conference,  
If student has two parents listed, both must be notified unless their file says otherwise

Accuser's Parent: \_\_\_\_\_ Date: \_\_\_\_\_, Time: \_\_\_\_\_

Parent (s) received a copy of schools policies and procedures ( ) Yes ( ) No

Accused Parent: \_\_\_\_\_ Date: \_\_\_\_\_, Time: \_\_\_\_\_

Parent (s) received a copy of schools policies and procedures ( ) Yes ( ) No

Designated Employee who took initial report: \_\_\_\_\_

Investigator: \_\_\_\_\_

Date investigation started: \_\_\_\_\_, Time: \_\_\_\_\_

Witness's: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Witness statements attached: ( ) Yes ( ) No ( ) N/A

Have there been any other similar reported incidents, if yes give details and dates: \_\_\_\_\_

\_\_\_\_\_

Immediate actions taken to protect or stop alleged harassment/bullying, give details: \_\_\_\_\_

\_\_\_\_\_

Abuse suspected? ( ) Yes ( ) No: If yes, date and time DCF/APS notified: \_\_\_\_\_

Potential crime? ( ) Yes ( ) No: If yes date and time police notified: \_\_\_\_\_

Date Investigation was completed: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

Determination: Check more than one if necessary

( ) Harassment ( ) Non-harassment

( ) Sexual Orientation ( ) Disability ( ) Gender Identity

( ) Creed/Religion ( ) Marital Status ( ) Race

( ) Color ( ) National Origin ( ) Sex

( ) Bullying ( ) Non-bullying

( ) 1<sup>st</sup> Offense ( ) 2<sup>nd</sup> Offense ( ) Persistent (length of time)

( ) Inappropriate conduct ( ) Other

Consequences: \_\_\_\_\_

\_\_\_\_\_

Signature of Administrator: \_\_\_\_\_, Date: \_\_\_\_\_

Parents notified of determination: ( ) Mail, ( ) Phone, ( ) Conference

Date of notification: \_\_\_\_\_, By whom: \_\_\_\_\_

Date issue closed and paperwork filed: \_\_\_\_\_, Time: \_\_\_\_\_

Date data entered into CIRS: \_\_\_\_\_