

THE SCHOOL DISTRICT OF PHILADELPHIA
BULLYING AND HARASSMENT REPORTING AND INVESTIGATION FORM

Definitions: Bullying, harassment, and intimidation are taken seriously by the School District and will not be tolerated. For complete definitions of what constitutes these behaviors, please see SRC Policies 248 and 249.

Directions: This form should be used to report acts of bullying harassment, and intimidation that occurred in the school, on school grounds, in school vehicles, at a designated bus stop, in transit to and from school or at any off-site activity sponsored, supervised or sanctioned by the school. If you are a student victim, the parent/guardian of a student victim, or a school staff or community member that witnessed an act of bullying, harassment, or intimidation and wish to report the incident, **complete Sections I and II of this form and return it to the Principal at the student victim's school. All investigations must begin at the school.** Principals or their designee are required to: 1.) **investigate** all reports within two (2) school days after receipt of the form, 2.) **complete Sections III and IV** of the Reporting and Investigation Form, and 3.) **submit the completed form** to (215) 400-4223 (fax) or sdpbullyingprevention@philasd.org (email) **within five (5) school days of the completion of the investigation.**

SECTION I. GENERAL INFORMATION

Today's Date: _____ / _____ / _____ School: _____
Month Day Year

Name: _____ Telephone: _____ Email: _____

Place an X in the appropriate box to describe your role

Student	<input type="checkbox"/>	Student - Witness	<input type="checkbox"/>	Parent/Guardian	<input type="checkbox"/>
School Staff	<input type="checkbox"/>	Other (specify): _____			

Bullying, Harassment, or Intimidation based on (check all that apply)

Race	<input type="checkbox"/>	Ethnicity	<input type="checkbox"/>	National Origin	<input type="checkbox"/>
Gender/Sex	<input type="checkbox"/>	Color	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Other (specify): _____	

Alleged Victim: <small>(complete separate report for each victim)</small>	Name:	Grade:	Age:	Race:	Sex:	School (if known):	Is he/she a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	_____	_____	_____	
	Name:	Grade:	Age:	Race:	Sex:	School (if known):	Is he/she a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	_____	_____	_____	
Accused Person(s): <small>(attach additional pages if necessary)</small>	Name:	Grade:	Age:	Race:	Sex:	School (if known):	Is he/she a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	_____	_____	_____	
	Name:	Grade:	Age:	Race:	Sex:	School (if known):	Is he/she a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	_____	_____	_____	
	Name:	Grade:	Age:	Race:	Sex:	School (if known):	Is he/she a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	_____	_____	_____	

If identity of accused person(s) is unknown, explain: _____

Parent/Guardian Contact Name: _____ Home Phone: _____ Daytime Phone: _____

Information for Alleged Victim: _____

Interpreter Services Needed: Yes No If yes, describe: _____

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SECTION II. DESCRIBE THE INCIDENT(S)

When did the incident(s) occur? Date: Time: Location:

Place an X next to the statement(s) that best describes what happened (choose all that apply):

- Any bullying, harassment, or intimidation that involves physical aggression
Demeaning and making the victim of jokes
Intimidating, extorting, or exploiting
Spreading harmful rumors or gossip
Getting another person to hit or harm the student
Making rude and/or threatening gestures
Electronic Communication (specify):
Teasing, name-calling, making critical remarks, or threatening, in person or by other means
Excluding or rejecting the student
Other (specify):

Did a physical injury result from this incident?
Was the student victim absent from school as a result of the incident?
If yes, how many days was the student victim absent from school as a result of the incident?

Did a psychological injury result from this incident?
Yes, but psychological services have not been sought
Yes, and psychological services have been sought

Witness Information: (attach additional pages if necessary)
Name: Grade: Race: Sex: Student School Staff Other (specify):
Name: Grade: Race: Sex: Student School Staff Other (specify):
Name: Grade: Race: Sex: Student School Staff Other (specify):

Please describe the incident(s): (attach additional pages if necessary)

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SECTION III. INVESTIGATION OF REPORT (To be completed by the Principal or Principal's Designee)

Name of person who conducted the investigation: _____ Title/Position: _____ Telephone: _____ Email: _____

Start of Investigation: _____ / _____ / _____ End of Investigation: _____ / _____ / _____
Month Day Year Month Day Year

Describe investigation and evidence collected and considered, including witness statements:
(attach additional pages if necessary)

SECTION IV. FINDINGS AND ACTIONS TAKEN (To be completed by the Principal or Principal's Designee)

After investigation of the incident, for the following reasons I conclude:
(attach additional pages if necessary)

Do you believe the accused person's conduct was based on gender, age, race, color, sexual orientation (known or perceived), gender identity expression (known or perceived), national origin, religion, disability, English language proficiency, socioeconomic status and/or political beliefs? Yes No

Basis for this belief: (please note if there are multiple incidents involving the same students)

Actions taken (interventions) regarding alleged victim(s): (attach additional pages if necessary)

Actions taken (interventions and/or disciplinary action) regarding accused person(s): (attach additional pages if necessary)

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Date of Disciplinary Action (if applicable): _____ / _____ / _____
Month Day Year

Actions taken (interventions and/or disciplinary action) regarding witness/bystander student(s): (attach additional pages if necessary)

Date of Disciplinary Action (if applicable): _____ / _____ / _____
Month Day Year

If no disciplinary action was taken, please explain:

Was Intervention Plan(s) completed in Schoolnet? Yes No

Completed by: _____

Title/Position: _____

If necessary, was incident reported in SIMS? Yes No

Reported by: _____

Title/Position: _____

If necessary, was incident reported to PPD? Yes No

Reported by: _____

Title/Position: _____

If Yes, date of report:

_____ / _____ / _____
Month Day Year

Report received by: _____

Title/Position: _____

Follow-up meeting with principal or principal's designee:

Yes No

Date of meeting: _____ / _____ / _____
Month Day Year

Did alleged victim(s) or their parent(s) ask to meet with principal or principal's designee?

Yes No

Date of meeting: _____ / _____ / _____
Month Day Year

List all those present at the meeting and state outcome of meeting and follow-up if any:

Report Preparer's Signature: _____

Title/Position: _____

Date Report Completed:

_____ / _____ / _____
Month Day Year

SECTION V. ADDENDUM TO INITIAL FINDINGS AND ACTIONS TAKEN

Completed By: _____

Title/Position: _____

Date Addendum Completed:

_____ / _____ / _____
Month Day Year