|  |  |
| --- | --- |
| **Administrator Conducting Investigation** | |
| Name: | Title: |

**Summary of Investigation:**

|  |
| --- |
| **Outcome of Investigation:** Did the incident investigated meet the district’s definition of bullying? |

|  |  |  |
| --- | --- | --- |
| **No** | If bullying did not occur, **process is complete** | |
| **Yes** | **If bullying behavior occurred, create a**:   1. Action Plan for the student(s) who engaged in bullying behavior. 2. Safety Plan for the targeted student. | |
| **Student Action Plan completed** | | Date: |
| **Student Safety Plan completed** | | Date: |

|  |
| --- |
| **Contact the parent/guardian(s)** of the student(s) who were targeted and those who engaged in bullying behavior |

|  |  |
| --- | --- |
| Parent Name: | Date: |
| Parent Name: | Date: |
| Parent Name: | Date: |

|  |  |
| --- | --- |
| **Administrator Completing This Form** | |
| Name: | Date: |