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

**Summary of Investigation:**

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

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| [ ]  **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: |

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

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

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