- Speaking up for someone else
- Talk to your children about bullying
- Talk to your children about different between conflict and tolerance
- Talk to your children about the 1st, 2nd, and 3rd place prizes to be determined.
- Due by October 23.

Posters

Webiste: 1st place prize will also be posted on the school's

October 23, 2018

Posters are due by October 23.

#Hawkstradebest

#BeInformedSchool

Create a poster that illustrates how you can help stop bullying at our school.

Be A Hero Not A Bully!

October is National Bullying Prevention Month. Hawkstradebest, how to be a healthy relationship, how to be speaking about awareness. This month at Hawkstradebest.

Be A Hero Not A Bully!
BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Report/Person filing the report:

(Note: Reports may be made anonymously, but no disciplinary action will be taken against the alleged aggressor solely on the basis of an anonymous report.)

2. Check whether you are the Target of the behavior Reporter (not the target)
3. Check whether you are a: Student Staff Member (specify role): Parent Administrator Other:

Your contact information/telephone number:

4. If student, state your school: __________________________ Grade: ______

5. If staff member, state your school or work site:

6. Information about the incident:

   Name of Target (of behavior):
   Name of Aggressor (Person who engaged in the behavior)
   Date(s) of Incident(s):
   Time when incident(s) occurred:
   Location of incident(s):

7. Witnesses (List people who saw the incident or have information about it):

   Name: __________________________ Student Staff Other:
   Name: __________________________ Student Staff Other:
   Name: __________________________ Student Staff Other:

8. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary.
9. Are there immediate safety or transportation needs for the target? Yes No
   If yes, specify need(s) and action taken:
   
   
10. Signature of person filing this report: ___________________________ Date: ___________
    (Note: Reports may be filed anonymously)

11. Form given to: ___________________________ Position: ___________________________
    Date given: ___________________________ Date Received: ___________________________

II. Investigation

1. Investigator(s): ___________________________
   Position(s): ___________________________

2. Interviews:
   Interviewed aggressor  Name: ___________________________ Date: ___________
   Interviewed Target  Name: ___________________________ Date: ___________
   Interviewed Witnesses  Name: ___________________________ Name: ___________________________ Date: ___________

3. Any prior documented incidents by the aggressor? Yes No
   If yes, have incidents involved target or target group previously? Yes No
   Any previous incidents with findings of BULLYING, RETALIATION Yes No

Summary of Investigation:

   
   
   
   
   
   
   
   
   
   
   
   
   

(Please use additional paper and attach to this document as needed)
III. Conclusions from the Investigation

1. Finding of bullying or retaliation: Yes No
   Bullying Retaliation Incident documented as:_____________________________
   Discipline referral only__________________________

2. Contacts:
   Target's parent/guardian Date: ____________
   Aggressor's parent/guardian Date: ____________
   District Equity Coordinator Date: ____________
   Law Enforcement Date: ____________

3. Action taken for aggressor:
   Loss of privileges Education Detention Suspension Community Service
   Referred for counseling Other: ________________________________

4. Were safety or transportation needs identified for the target? Yes No
   If yes, specify need (s) and action taken: ________________________________

5. Describe Safety Planning: ________________________________
   Staff notified: Teacher Counselor Other: ________________________________
   Follow-up with target scheduled for: ________ Initial and date when completed: ________
   Follow-up with aggressor scheduled for: ________ Initial and date when completed: ________

   Report forwarded to Principal: Date: ____________________
   Report forwarded to Superintendent: Date: ____________________

IV. Statistical Summary

Specific details of incident include (check all that apply):

Careless hurtful remarks Exclusion Verbal/written teasing (Electronic Yes No)
Physical harassment Physical threats Verbal/written taunts/threats (Electronic Yes No)
Physical attack Aggression encouraged by others Damage to property Stolen property
Fear of retaliation Other: ________________________________
Bullying Cyberbullying

Signature and Title of Investigator: ________________________________ Date: ____________