

# Crawfordsville Community School Corporation Bullying Report and Investigation Form

*Bullying as defined by IC 20-33-8-0.2 means overt, unwanted, repeated acts or gestures, including verbal or written communications or images transmitted in any manner (including digitally or electronically), physical acts committed, aggression, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the targeted student and create for the targeted student an objectively hostile student environment.*

Person Reporting Incident (may report anonymously): \_\_\_\_\_

I am a: (place an X in the appropriate box)

Student    Parent/Caregiver    Teacher    Support Staff    Volunteer

Contact Information (please include best way to reach you, i.e., by phone, email, etc.)  
\_\_\_\_\_

## INCIDENT INFORMATION

Date of Incident (Day/Month/Year): \_\_\_\_\_ Date Reported (Day/Month/Year): \_\_\_\_\_

Alleged Target/Victim: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Alleged Offender(s): \_\_\_\_\_

Type of alleged bullying (check all that apply):

Verbal    Physical    Social/Relational    Written or Electronic

Provide Summary of Witnessed Event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there a physical injury from this incident?

- No  
 Yes, but it did not require medical attention  
 Yes, it did require medical attention

Medical Attention Required: \_\_\_\_\_

Has the target of the incident been absent from school?

Yes

If yes, how many days was the student absent as a result from this incident? \_\_\_\_\_

No

Any other information you would like to provide to help in our investigation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: The school district is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in a bullying incident and the remedial action taken, to the extent permitted by law, based on a confirmed report.*

Reporter Signature (optional if anonymous): \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL PERSONNEL**  
**BULLYING INVESTIGATION REPORT**

Investigated By: \_\_\_\_\_ Position: \_\_\_\_\_  
Date Report Received: \_\_\_\_\_ Date Investigation Completed: \_\_\_\_\_  
Report Source: \_\_\_\_\_ Alleged Target: \_\_\_\_\_  
Alleged Offender: \_\_\_\_\_

**REPORT FINDINGS**

The investigation found:

- evidence to substantiate the allegation.
- no evidence to substantiate the allegation.
- insufficient evidence to make a judgment on the allegation.

If substantiated, mark the primary category (select only one):

- Verbal
- Physical
- Social/Relational
- Written or Electronic

**INCIDENT SUMMARY**

Summary of investigation, findings, disciplinary actions, and support actions:

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**CONTACTS**

Parent/Guardian of Target Contacted:

Yes (Date: \_\_\_\_\_)  No (Reason: \_\_\_\_\_)

Parent/Guardian of Alleged Offender:

Yes (Date: \_\_\_\_\_)  No (Reason: \_\_\_\_\_)

Staff Report Source Informed of Outcome:

Yes (Date: \_\_\_\_\_)  No (Reason: \_\_\_\_\_)

Signature of Investigator/Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

*(if not the investigator)*