RANGELEY LAKES REGIONAL SCHOOL
BULLYING INVESTIGATION AND RESPONSE FORM
Part 2 ~ to be completed internally

Date the alleged incident of bullying was reported: __________________________

Name of person investigating alleged incident(s): ____________________________

Position/title of investigator: ______________________________________________

Name of person reporting bullying incident(s): ________________________________

Person reporting is (circle one): Student Parent School employee Coach/advisor Volunteer Other __________________________

Name(s) of alleged target: __________________________________________________

Name(s) of alleged bully (bullies): __________________________________________

Name(s) of potential witnesses: _____________________________________________

Where did the alleged incident(s) occur (check one or more):

_____ on school property
_____ on school bus
_____ at a school sponsored activity
_____ through use of technology
_____ elsehwere (be specific)

_____ at school  _____ off-campus

Time and location(s) of incident(s): __________________________________________

________________________________________________________________________

________________________________________________________________________

Does targeted student have an IEP? ____ Yes ______ No (If yes, refer to plan.)

Does targeted student have a 504 plan? ____ Yes ______ No (If yes, refer to plan.)

Is the targeted student in the referral process for either? ____ Yes ______ No
(If yes, specify) __________________________

If the targeted student receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:
Person notified: __________________________ Date: ___________________________

Does alleged bully have an IEP? ____ Yes ______ No (If yes, refer to plan.)

Does alleged bully have a 504 plan? ____ Yes ______ No (If yes, refer to plan.)

Is the alleged bully in the referral process for either? ____ Yes ______ No
(If yes, specify) __________________________
If the alleged bully receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:
Person notified: __________________________ Date: __________________________

Do school unit’s records show prior reports of alleged or substantiated incidents of bullying involving the alleged target or alleged bully? If so, describe incident and outcome(s):
________________________________________________________________________
________________________________________________________________________

Meeting/interview of student who believes he/she has been bullied, description of alleged incident(s) (dates and details):
________________________________________________________________________
________________________________________________________________________

Communications with parents(s) of student who believes he/she has been bullied date(s) and details):
________________________________________________________________________

Meeting/interview of alleged bully (bullies) (dates and details):
________________________________________________________________________
________________________________________________________________________

Communications with parent(s) of alleged bully (bullies) (dates and details):
________________________________________________________________________

Meeting/interview of persons identified as witnesses (dates and summary of information provided):
________________________________________________________________________
________________________________________________________________________

Further evidence of bullying examined (videos, photos, email, letters, etc.):
________________________________________________________________________
________________________________________________________________________

Measures taken pending conclusion of the investigation to ensure the safety of the student who believes he/she has been bullied:
________________________________________________________________________
________________________________________________________________________

Safety measures communicated to parents) of student who believes he/she has been bullied (date and details):
________________________________________________________________________
Is the alleged bullying substantiated, i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy?  ____Yes  ____No

Nature of harm incurred:
- ___ Physical harm to student or damage to student’s property
- ___ Student’s reasonable fear of physical harm or damage to property
- ___ Hostile educational environment
- ___ Infringement of student’s rights at school

Conduct resulting in harm (in item above) is on the basis of:
- ___ National origin/ancestry/ethnicity
- ___ Religion
- ___ Physical, mental, emotional or learning disability
- ___ Sex
- ___ Sexual orientation
- ___ Gender/gender identity/expression
- ___ Age
- ___ Socioeconomic status
- ___ Family status
- ___ Physical appearance
- ___ Weight
- ___ Other distinguishing personal characteristics
- ___ Other (explain) _______________________

Summary of investigation/Explanation of findings:
____________________________________________________________________
____________________________________________________________________

Recommended disposition:

Disciplinary action - alternative discipline: ______________________________
Disciplinary action – suspension (in-school, out-of-school) __________________
Expulsion (recommended for expulsion _______________________________

Recommendations for support services:

Counseling/referral to services (targeted student) _______________________
Counseling/referral to services (bully) _______________________

Recommendation to report to law enforcement?  ____ Yes  ____ No
- ___ Potential criminal violation  ____ Potential civil rights violation

Recommendations in other substantiated bullying situations:

If bully is school employee or administrator, recommendation for action to be taken by Superintendent (any action must be consistent with collective bargaining agreement or individual contract): ______________________________
____________________________________________________________________
____________________________________________________________________
If bullying is by another adult person associated with the school (e.g., volunteer, visitor, or contractor):

__________________________________________________________________________________

If bullying involves a school-affiliated organization:

__________________________________________________________________________________

Signature of investigator: ________________________ Date: ________________

If investigator is not building principal, copy to principal on ________________ (date)

Copy to Superintendent on: _________________ (date)

**CHARACTERISTICS OF INCIDENT**

**HISTORICAL BACKGROUND**

**ASSESSMENT**

**INCIDENT INFORMATION**

**ADDITIONAL FACTORS**

**PROPOSED ACTIONS**

**RECOMMENDATIONS**

**ACTIONS TAKEN BY PRINCIPAL**

The student received/will receive the following discipline actions (consequences):

- Alternative Discipline
- Detention
- Weekend Detention
- In-school suspension
- Out-of-school suspension
- Expulsion/Recommended for expulsion

Alternative discipline imposed for this student (if applicable):

- Meeting with the student and the student’s parent(s) or guardian(s)
- Reflective activities, such as requiring the student to write an essay about the student's misbehavior
- Mediation, but only when there is mutual conflict between peers, rather than one-way negative behavior, and both parties voluntarily choose this option
- Counseling
- Anger management
- Health counseling or intervention
- Mental health counseling
- Participation in skills building and resolution activities, such as social/emotional/cognitive skills building, resolution circles and restorative conferencing
- Community service

Referral to law enforcement? _____ Yes _____ No

Written notice has been provided to parent(s)/guardian(s) of the student who has been found to have engaged in bullying, including the process for appeal.

Notification sent by principal: ________________________ (date)

Copy to Superintendent: ________________________ (date)
APPEAL OF PRINCIPAL’S DECISION

Date appeal submitted: ____________________________________________________________

All appeals to the Superintendent must be submitted, in writing, to the Central Office within 14 calendar days of the building principal’s decision. The Superintendent’s decision shall be final.

Superintendent’s decision: ______________________________________________________

Date parent(s)/guardian(s) notified of Superintendent’s decision: ______________________

ACTIONS TAKEN BY THE SUPERINTENDENT

____ Recommendation to Board for student expulsion

____ Action on student/parent appeal of principal’s decision

______________________________________________________________

____ Action taken against employee: (If confidential employment action, in personnel file)

______________________________________________________________

____ Recommendation to Board for suspension/revocation of sanctioning/approval of school-affiliated organization

____ Other: ____________________________________________________________________

____________________________________________________________________________

UPDATED: 1.14.2022

REVIEWED: 9.18.2023