



PART III BULLYING REPORT AND INCIDENT FORM

Any intentional, repeated, hurtful act of conduct (physical, verbal, emotional, or sexual) including communications made in writing or electronically, occurring on campus or off campus during non-school time, during the school day, on school property, on a school bus, at a school-sponsored activity, or via electronic means. Directed toward another student or students, that has or can be reasonably predicted by way of physical, verbal, emotional, sexual and electronic devices to harm students. (a-5) of 105 IL CS 5/27-23.7.

Today's Date: \_\_\_\_\_

Person Reporting Incident (may report anonymously): \_\_\_\_\_
I am a: (place an X in the appropriate box)
[ ] Student [ ] Parent/Caregiver [ ] Teacher/Staff [ ] Volunteer
Contact Information (please include best way to reach you, i.e., by phone, email, etc.)
\_\_\_\_\_

INCIDENT INFORMATION

Date Incident Occurred: \_\_\_\_\_

Name of target of the bullying incident (student being bullied): \_\_\_\_\_

Name of alleged offender: \_\_\_\_\_

Type of bullying (check all that apply):

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

Brief explanation of incident:

\_\_\_\_\_
\_\_\_\_\_

Where did the bullying happen? \_\_\_\_\_

Did a physical injury result from this incident?

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

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

Was the target of the incident absent from school? [ ] Yes [ ] No

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

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

\_\_\_\_\_
\_\_\_\_\_

Note: FXW is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of FXW. School administration 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## INVESTIGATION REPORT

Investigated by: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Final Report of Investigation of bullying report by \_\_\_\_\_

against \_\_\_\_\_, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

Found grounds to substantiate the report as a bullying incident

Incident was:  Verbal

Physical

Social/Relational

Written or Electronic

Did not find grounds to substantiate the allegations

Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action:

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Parent/Guardian Contacted:  Yes Date: \_\_\_\_\_

No

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

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

(if not the investigator)



PART III ANONYMOUS BULLYING REPORT AND INCIDENT FORM

Any intentional, repeated, hurtful act of conduct (physical, verbal, emotional, or sexual) including communications made in writing or electronically, occurring on campus or off campus during non-school time, during the school day, on school property, on a school bus, at a school-sponsored activity, or via electronic means. Directed toward another student or students, that has or can be reasonably predicted by way of physical, verbal, emotional, sexual and electronic devices to harm students. (a-5) of 105 IL CS 5/27-23.7.

Today's Date: \_\_\_\_\_

Person Reporting Incident (may report anonymously): \_\_\_\_\_
I am a: (place an X in the appropriate box)
[ ] Student [ ] Parent/Caregiver [ ] Teacher/Staff [ ] Volunteer
Contact Information (please include best way to reach you, i.e., by phone, email, etc.)
\_\_\_\_\_

INCIDENT INFORMATION

Date Incident Occurred: \_\_\_\_\_

Name of target of the bullying incident (student being bullied): \_\_\_\_\_

Name of alleged offender: \_\_\_\_\_

Type of bullying (check all that apply):

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

Brief explanation of incident:

\_\_\_\_\_
\_\_\_\_\_

Where did the bullying happen? \_\_\_\_\_

Did a physical injury result from this incident?

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

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

Was the target of the incident absent from school? [ ] Yes [ ] No

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

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

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Note: FXW is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of FXW. School administration 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**THE  
FRANCES XAVIER WARDE  
SCHOOL**

**INVESTIGATION REPORT**

Investigated by: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Final Report of Investigation of bullying report by \_\_\_\_\_

against \_\_\_\_\_, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

Found grounds to substantiate the report as a bullying incident

Incident was:  Verbal

Physical

Social/Relational

Written or Electronic

Did not find grounds to substantiate the allegations

Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action:

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Parent/Guardian Contacted:  Yes Date: \_\_\_\_\_

No

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

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

(if not the investigator)