

# CAMBRIDGE PUBLIC SCHOOLS BULLYING & HARASSMENT INVESTIGATION FORM

- Harassment/Bullying Reporting Form attached
- Relevant documents/tangible evidence attached

## Part 1: INVESTIGATION

1. Investigator(s): \_\_\_\_\_ Position(s) \_\_\_\_\_

2. Interviews:

Interviewed alleged aggressor(s)	Name:	Date:
	Name:	Date:
Interviewed target(s)	Name:	Date:
	Name:	Date:
Interviewed witnesses	Name:	Date:
	Name:	Date:
	Name:	Date:
	Name:	Date:
Notes:		

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 harassment, bullying, or retaliation?      Yes      No

Harassment/bias indicators present:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Bias-related oral slurs; gestures</li> <li><input type="checkbox"/> Bias related written or electronic comments or markings, drawings, graffiti, symbols</li> <li><input type="checkbox"/> Incident occurred on a holiday or date significant to target's group</li> <li><input type="checkbox"/> Animosity exists between alleged perpetrator's and target's groups</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Location of incident indicates bias</li> <li><input type="checkbox"/> Target perceives incident as motivated by group membership</li> <li><input type="checkbox"/> Target belongs to a group that is relatively small in number in school</li> <li><input type="checkbox"/> Hate group involvement</li> <li><input type="checkbox"/> Other (specify) _____</li> </ul> |
|---|---|

**Nature of harassment**

Severe (may happen in one episode if it involves a particularly offensive comment or some sort of physical touching.)

Persistent (constantly repeated; continued)

Pervasive (involves less serious conduct that happens frequently over a long period of time)

Other

None/Not Applicable

**Summary of Investigation**

(Attach relevant documents and tangible evidence reviewed.)

## Part 2: CONCLUSIONS FROM THE INVESTIGATION

Harassment is defined as unwelcome conduct, whether verbal or physical, that is based on race, color, national origin, ethnicity, sex, genetic information, gender identity/expression, sexual orientation, religious beliefs, disability or age.

Sexual harassment is defined as sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature with the purpose or effect of unreasonably interfering with an individual's academic performance by creating an intimidating, hostile, humiliating or sexually offensive school environment.

Bullying is when a person is exposed, repeatedly, and over time, to negative actions on the part of one or more other persons.

**Retaliation** is defined as any form of intimidation, reprisal, or harassment directed against a student who reports bullying, provides information during an investigation of bullying, or witnesses or has reliable information about bullying.

### 1. Finding of harassment, bullying or retaliation:

Bullying	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Harassment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Retaliation	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### 2. If harassment, type of harassment

<input type="checkbox"/> Race/Color	<input type="checkbox"/> National Origin / Ancestry	<input type="checkbox"/> Religion	<input type="checkbox"/> Sex
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> None/Not Applicable

### 3. Finding of other behavioral infraction (describe):

## Part 3: ACTIONS TAKEN

If harassment is found: apply appropriate disciplinary, corrective and remedial action to stop the behavior, prevent its reoccurrence and remedy the effects of harassment and discrimination on target and school.

If bullying is found: apply appropriate disciplinary action, restore sense of safety, assess target's need for protection, provide counseling or referral to appropriate services, inform target's parents/guardian/caregiver of actions taken to prevent any further bullying or retaliation

### 1. Contacts Made:

	Name	Date	Contact Type		
			Email	Meeting	Call
Target(s) Parent/Guardian/Caregiver					
Aggressor(s) Parent/Guardian/Caregiver					
Director, Safety & Security					
Law Enforcement/SRO					
Other School Personnel/Team					

Notes:

## 2. Actions Taken:

### For Aggressor(s)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Education        | <input type="checkbox"/> Community Service    | <input type="checkbox"/> Loss of Privileges                   |
| <input type="checkbox"/> Detention        | <input type="checkbox"/> Suspension           | <input type="checkbox"/> Parent/Guardian/Caregiver Conference |
| <input type="checkbox"/> Amend IEP        | <input type="checkbox"/> Restorative Measures |   |
| <input type="checkbox"/> Other (Describe) |   |   |

### For Target(s):

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Create safety plan                        | <input type="checkbox"/> Provide school based counseling/ skill development | <input type="checkbox"/> Amend IEP |
| <input type="checkbox"/> (Describe below)                          |   |                                    |
| <input type="checkbox"/> Provide info regarding outside counseling | <input type="checkbox"/> Parent/Guardian/Caregiver Conference               |                                    |
| <input type="checkbox"/> Other (Describe)                          |   |                                    |

### For School/Bystanders

- |   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Class meetings   | <input type="checkbox"/> Assembly | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Education        |                                   |                                  |
| <input type="checkbox"/> Other (Describe) |                                   |                                  |

**Part 4 FOLLOW-UP**

	Date Scheduled	Date Completed
Follow-up for Target(s)		
Follow-up with Aggressor(s)		
Follow-up with School-base or IEP Team		
Report forwarded to Principal/Head of Upper School <i>(If Principal/Head of Upper School was not the investigator)</i>		
Report forwarded to Superintendent		

Notes:

Signature and Title: \_\_\_\_\_

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