



Bully Investigation Check List

Student Victim(s) _____

Accused Name(s) _____

Investigator _____

Date _____ Campus _____

	<u>Check Sheet</u>	<u>Date Completed</u>
Complaint Received in Writing	<input type="checkbox"/>	_____
Victims Parents Contacted	<input type="checkbox"/>	_____
Victim Interviews	<input type="checkbox"/>	_____
Accuser Interviews	<input type="checkbox"/>	_____
Supporting Evidence Collected	<input type="checkbox"/>	_____
District Bully Team Contacted/Decision	<input type="checkbox"/>	_____
Consequences Issued (if applicable)	<input type="checkbox"/>	_____
Safety Plan/Social Skills Implemented	<input type="checkbox"/>	_____
Victims Parents Follow-Up Contact	<input type="checkbox"/>	_____
Accused Parents Follow-Up Contact	<input type="checkbox"/>	_____
Appropriate Staff Notified	<input type="checkbox"/>	_____
District Bully Investigation Form Completed	<input type="checkbox"/>	_____