


INCIDENT INVESTIGATION KIT

	VICTIM NAME	
	DATE	

Witness Statement Report


Name:	Date:
Phone:	Circle One: Student Parent Staff Other

Written Witness Testimony

Please be specific about the types of misconduct, the frequency of their occurrence, and each alleged offenders' actions

Report Submitted by _____	Signature _____	Date _____
Report Received by _____	Signature _____	Date _____

INCIDENT INVESTIGATION KIT

	VICTIM NAME	
	DATE	

<u>VICTIM INTERVENTION REPORT</u>	
<p style="text-align: center;"><u>Narrative Description of Incident</u></p>	<p style="text-align: center;"><u>Victim Intervention Options</u></p> <ul style="list-style-type: none"> ○ Provide adult supervision during recess, lunch time, bathroom breaks, and hallway passage ○ Maintain contact with parents/guardians of all involved parties ○ Provide counseling if needed ○ Inform school personnel and instruct them to monitor parties involved ○ Check with victim daily/weekly to ensure no further incidents ○ Setup weekly meetings with a designated staff member ○ Other

<u>Standard Intervention Sequence</u>		<u>Advanced Intervention Options</u>
Action	Date	<ul style="list-style-type: none"> ○ False allegations, no action required ○ Contact made with outside counselor ○ Law enforcement involved ○ CPS involved ○ Other _____
○ Parent/Guardian Notified		
○ Parent/Guardian Notified of Corrective Action		
○ Mediation Meeting Held (If Needed)		
○ Situation Monitored	ongoing	

<u>Narrative Description of Intervention Strategies</u>
<p>Signing below indicates the parent/guardian of a student has been informed of the incident report, has been made aware of the school's response to the situation, and has been given clear instructions regarding steps to take should the behavior persist.</p> <p>Parent Name _____ Date Mailed to Parent _____</p> <p>Investigator Printed Name _____ Signature _____ Date _____</p>

INCIDENT INVESTIGATION KIT

	VICTIM NAME	
	DATE	

OFFENDER RESPONSE REPORT

NARRATIVE DESCRIPTION OF INCIDENT

<u>Standard Intervention Sequence</u>		<u>Intervention Measures</u>
<u>Action</u>	<u>Date</u>	
<input type="radio"/> Parent/Guardian Notified of Incident		<ul style="list-style-type: none"> <input type="radio"/> Parent Contact <input type="radio"/> No action required, this was a false allegation <input type="radio"/> Cease and Desist Order <input type="radio"/> Electronic Communication Order <input type="radio"/> Student warning <input type="radio"/> Apology letter <input type="radio"/> Mediation <input type="radio"/> Counseling <input type="radio"/> Parent Conference <input type="radio"/> Harassment Education Course <input type="radio"/> Detention <input type="radio"/> In-School Suspension <input type="radio"/> Out of School Suspension/Expulsion <input type="radio"/> Police Involvement <input type="radio"/> CPS Involvement <input type="radio"/> Other
<input type="radio"/> Parent/Guardian Notified of Corrective Action		
<input type="radio"/> Mediation Meeting Held (If Needed)		
<input type="radio"/> Parents notified of Anti-retaliation		
<input type="radio"/> Situation Monitored	Ongoing	

Narrative Description of Intervention Measures

Signing below indicates the parent/guardian of a student has been informed of the incident report, has been made aware of the school's response to the situation, and has been given clear instructions regarding steps to take should the behavior persist.

Parent Name _____ Date Mailed to Parent _____
 Investigator Printed Name _____ Signature _____ Date _____