

**BULLYING INVESTIGATION  
Victim Reporting Form (A)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Do you understand Confidentiality and Consequences of Retaliation? Yes \_\_\_\_\_ No \_\_\_\_\_

Alleged Bully/Harasser's Name: \_\_\_\_\_

Date(s)/Time(s) bullying/harassment occurred: \_\_\_\_\_

Names of Witnesses: \_\_\_\_\_

(Witness statements may be attached)

**Description of Bullying/Harassment:** (Include if you told anyone and how you would like it resolved).

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\_\_\_\_\_  
Signature of student/person completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

**Adopted: November 7, 2001  
Updated: January 2011**

**BULLYING INVESTIGATION  
Alleged Perpetrator Form (B)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Do you understand Confidentiality and Consequences of Retaliation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Respond to the allegations described by the investigator (what happened).**

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\_\_\_\_\_  
Signature of student/person completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

**Adopted: November 7, 2001  
Updated: January 2011**

**BULLYING INVESTIGATION  
Investigation Summary Form (C)**

Summary of complaint and investigation steps:

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Conclusion of findings:

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Remedial Measures Recommended:

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\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Date

**Action Taken By Administration:**

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\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

**FORWARD FULL REPORT TO SAU OFFICE**

**Adopted: November 7, 2001  
Updated: January 2011**

**Laconia School District Procedure**