

Bullying and Cyberbullying Responding Form

To be completed by the school principal or superintendent's designee promptly from the time that the Report Form is received.

Date the alleged incident of bullying was reported: _____

Name of school principal or superintendent's designee investigating the report of alleged incident(s) of bullying: _____

Position/title: _____

Details:

Person(s) reporting the alleged incident(s) of bullying (if indicated, but required if school staff, coaches or advisors): _____

Person who completed the Reporting Form (if indicated): _____

The person(s) reporting the alleged incident of bullying is: student parent grandparent guardian school staff coach advisor other _____

Name of the student(s) or adult(s) who was believed to have been bullied:

Was the behavior related to the targeted student's actual or perceived (as indicated in the description of the alleged incident on the Reporting Form):

____ Race/color (including traits associated with race involving hair texture, Afro hairstyles and protective hairstyles such as braids, twists and locks)

____ Sex

____ Sexual orientation (including gender identity and gender expression)

____ Religion

____ National origin/ancestry

____ Mental or Physical Disability

If so;

▪ refer to Board policy ACAA: Harassment and Sexual Harassment of Students, ▪ include RSU 9's Affirmative Action Officer in this investigation, and ▪ if the behavior includes threats, violence, and/or property damage, it may be enforceable under the Maine Civil Rights Act and should be referred to local law enforcement.

Does the student have a 504 plan? ☐ yes ☐ no

Does the student have an IEP? ☐ yes ☐ no

If yes to either above questions, please refer to student's 504 plan or IEP.

Is the student in the referral process for either? ☐ yes ☐ no

If the student receives Special Education services, when was the Director of Special Education or 504 Coordinator made aware of this situation? date: _____

Name of the student(s) or adult(s) who is alleged to have bullied: _____

Does the student have a 504 plan? ☐ yes ☐ no

Does the student have an IEP? ☐ yes ☐ no

If yes to either above questions, please refer to student's 504 plan or IEP.

Is the student in the referral process for either? ☐ yes ☐ no

If the student receives Special Education services, when was the Director of Special Education or 504 Coordinator made aware of this situation? date: _____

The reported alleged incident(s) occurred:

_____ on school grounds

_____ on the school bus

_____ at a school sponsored activity

_____ through the use of technology – at home ☐ at school ☐

_____ elsewhere – (be specific) _____

Date(s): _____

Time(s)/time(s) of day: _____

Additional details known: _____

Have there been prior reports of alleged incidents of bullying or substantiated incident(s) of bullying involving the student(s) and/or adult(s)? ☐ yes ☐ no

If yes, please include details and outcomes:

Evidence of allegation(s) of bullying provided to the school or in the school's possession used in this investigation:

- ☐ school video cameras
- ☐ school bus camera
- ☐ cell phone video
- ☐ electronic photos
- ☐ printed photos
- ☐ email(s)
- ☐ letters
- ☐ phone conversation notes
- ☐ written statements
- ☐ hospital reports
- ☐ police reports
- ☐ other (specify) _____

Communication:

When did you contact the parent(s) or guardian(s) of the student(s) who was believed to have been bullied? Date of communication(s): _____

Details of communication:

The school principal or superintendent's designee met with the student(s) who was believed to have been bullied on: _____

Details of communication: _____

When did you contact the parent(s) or guardian(s) of the student(s) who was alleged to have bullied? Date of communication(s): _____

Details of communication:

The school principal or superintendent's designee met with the student(s) alleged to have bullied on: _____

Details of communication:

Did the person(s) reporting the alleged incident identify any witnesses? ☐ yes ☐ no Name(s) of witness: _____

Did the school identify any witnesses? ☐ yes ☐ no

Name(s) of witness: _____

If yes, the school principal or superintendent's designee met with the witness(es) on:

Details of communication: _____

Safety Measures:

Local or state law enforcement will be contacted for potential:

_____ criminal charges

_____ civil action under the Maine Civil Rights Act

_____ N/A

What measures are being taken throughout the investigation to ensure the safety of the student who was believed to have been bullied? _____

Attach safety measures (ie. Student Support & Safety Plan) to this Responding Form.

When was there communication with the parent(s) or guardian(s) of the student(s) who was believed to have been bullied about these safety measures?

Date of communication(s): _____

Details of communication:

Determination of Bullying:

Refer to the definition of bullying in policy JICK

Behavior(s) had the effect of:

- _____ Physically harming a student or damaging a student's property; or
- _____ Placing a student in reasonable fear of physical harm or damage to the student's property

OR

Behavior(s) interfered with the rights of a student by:

- _____ Creating an intimidating or hostile educational environment for the student;
or
- _____ Interfering with the student's academic performance or ability to participate in
or benefit from the services, activities or privileges provide by a school
- _____ None of the above

Summary of Investigation: (use additional sheet)

Outcomes: (use additional sheet)

All findings and results shall be reported to the Superintendent.

Is this a substantiated incident of bullying?

☐ yes ☐ no

If yes, refer to the Remediation Form (JICK-E3) to indicate specific nature(s) of the incident, the consequences, and actions taken for the student who has bullied. This substantiated incident is to be reported to the superintendent, and to the Maine Department of Education.

If no, refer to the district-wide code of conduct and disciplinary policies for student behavior.

Signature and title of investigator

Date: _____

If the investigator is not the school principal, copy to school principal on: _____

Date

Copy received: _____ Date: _____

Signature of school principal

Copy to Superintendent on: _____

Date

Copy received: _____ Date: _____

Signature of Superintendent

Cross Reference: JICK Bullying and Cyberbullying Prevention in Schools

JICK-E1 RSU9 Initial Incident Report Form

JICK-E3 Bullying and Cyberbullying Remediation Form

Adopted: September 10, 2019

Revised: November 8, 2022