



INVESTIGATION STATUS REPORT FORM

Students who have actively taken part in the bullying (name, class)

Name _____ Class/Grade _____

Name _____ Class/Grade _____

Name _____ Class/Grade _____

Name _____ Class/Grade _____

What consequence(s) have the individual(s) who bullied faced?

Has the classroom teacher been informed about the incident?

- Yes (Date: _____)
 No

Have the parent(s) or guardian(s) of the target been contacted?

- Yes (Date: _____)
 No

Have the parent(s) or guardian(s) of the individual(s) who bullied been contacted?

- Yes (Date: _____)
 No

Has the target been followed up with to ensure that the bullying has stopped? It is recommended that the victim be contacted two-weeks following the reported incident.

- Yes (Date: _____)
 No

Has the individual(s) who bullied been previously reported?

- Yes (Date: _____)
 No

If so, has the bullying...?

- stopped
 decreased
 remained the same
 increased

If the bullying has not stopped, what further steps will be taken?