

**RSU 54/MSAD 54  
Bullying and Cyberbullying Responding Form**

**To be completed by the School Principal or Superintendent’s designee in a timely fashion 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      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
- \_\_\_\_\_ Sex
- \_\_\_\_\_ Sexual orientation (including gender identity and gender expression)
- \_\_\_\_\_ Religion
- \_\_\_\_\_ National origin/ancestry
- \_\_\_\_\_ Disability

If so;

- refer to Board policy ACAA: Harassment and Sexual Harassment of Students,
- include the SAU’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: \_\_\_\_\_

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: \_\_\_\_\_

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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:

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

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

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The School Principal or Superintendent's designee met with the student(s) who was believed to have been bullied on: \_\_\_\_\_

Details of communication: \_\_\_\_\_

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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:

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The School Principal or Superintendent's designee met with the student(s) alleged to have bullied on: \_\_\_\_\_

Details of communication: \_\_\_\_\_

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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

**AND**

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.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature and title of investigator

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