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: ____________________________
_____________________________________________
_____________________________________________
_____________________________________________

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  _____ 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:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

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

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