



**SHAKER HEIGHTS CITY SCHOOLS**  
Shaker Heights, Ohio

**CONFIDENTIAL  
INVESTIGATION FORM  
Harassment, Bullying**

Date Complaint Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Time Reviewed: \_\_\_\_\_

Administrator: \_\_\_\_\_

**IF STUDENT REFERRAL FORM ATTACHED, BEGIN ON PAGE 2**

**Report of Allegation: (please be factual including who, what, when and where)**

<b>Date(s) of Incident:</b>	_____
<b>Location of Incident:</b>	_____
<b>Summary of Incident:</b>	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<b>Alleged Harassment Type:</b>	<input type="checkbox"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> Race <input type="checkbox"/> Other

For Administration Use Only

<b>Students</b>							
Alleged Victim/s	Grade	IEP Yes/No	Alleged Perpetrator/s	Grade	IEP Yes/No	Witnesses	Grade

<b>Incident Reported by:</b>	Check one: <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Security <input type="checkbox"/> Other
------------------------------	---

**INVESTIGATION REPORT (continued)**  
Harassment, Bullying

**Date(s) of Investigation:** \_\_\_\_\_ **Administrator:** \_\_\_\_\_

**Investigation:**

**1. Members of Team:** (print names)

**2. Students Interviewed:** (print names)

**3. Summary of Allegations:** (attach additional sheets if needed)

**4. Outcome of Investigation:** (attach additional sheets if needed)

**INVESTIGATION REPORT (continued)**  
Harassment, Bullying

**Outside Referral:** (if applicable)

Law Enforcement

Date: \_\_\_\_\_ Reported by: \_\_\_\_\_

696-KIDS

Date: \_\_\_\_\_ Reported by: \_\_\_\_\_

**Disciplinary Action:**

Parent contact by phone or written note

Parent conference held

Conference with student

Extended study detention, \_\_\_\_\_ days

In-school suspension, \_\_\_\_\_ days

Out-of-school suspension, \_\_\_\_\_ days

Recommendation expulsion

**Explanation:**

**5. Plan to Prevent Recurrence or New Harassment:**

**6. Notification:**

Written notice to custodial parent/guardian of perpetrator and/or victim

Date: \_\_\_\_\_

Written notice to custodial parent/guardian of victim and other student highly involved in incident

Date: \_\_\_\_\_

Copy of written notice to teacher(s) or appropriate staff

Date: \_\_\_\_\_

Copy of investigation form to appropriate Assistant Superintendent

Date: \_\_\_\_\_

