



**DISTRICT SCHOOL BOARD OF PASCO COUNTY BULLYING AND  
HARASSMENT INVESTIGATION CHECKLIST**

MIS Form #410  
Rev. 1/17

The appropriate administrator must complete the investigation within 10 school days of the initial alleged incident.

Investigative Steps (Use back for additional comments if needed)	Date	Initials
1. Determine if the reported bullying/harassment incident impacts the campus or school safety.		
2. Conduct interviews separately regarding the facts of the case. If appropriate, have alleged victim, witness(es) and alleged perpetrator complete written statements in response to the complaint.		
3. Consider issues of ELL, race, gender, and/or disability for all parties involved, as they may apply.		
4. Determine if allegation is: <input type="checkbox"/> <b>substantiated</b> or <input type="checkbox"/> <b>unsubstantiated</b>		
5. Make a recommendation of immediate steps necessary to stop the behavior of concern.		
6. Refer involved parties for appropriate interventions as needed (ex: school-based problem solving team, Student Support Services assistance, Employee Assistance Program)		
7. <b>On the same day an investigation of the incident has been initiated:</b> Parent notification consistent with FERPA via telephone or first-class mail for all students known to be involved in the incident. <b>Parent notification for the student who was bullied or harassed will include actions being taken to protect the child.</b>		

**Administrator:** Complete the following information and give to the staff member responsible for entry of discipline data into MyStudent. Provide a copy to the principal. A single incident involving multiple students is entered into TERMS as 1 event. **Documentation of response to the alleged incident must be retained along with this form.**

Date and Time of Incident \_\_\_\_\_ Date Report Received by School \_\_\_\_\_

Reported by \_\_\_\_\_

(Alleged) Victim Student ID# \_\_\_\_\_ (Alleged) Perpetrator Student ID# \_\_\_\_\_

**Allegation of:** ☐ Bullying ☐ Harassment ☐ Sexual Harassment ☐ Other (specify) \_\_\_\_\_

**Relationship of Student Reported to Have Been Bullied or Harassed to the Alleged Perpetrator:**

☐ Attend same school ☐ Attend different schools ☐ Non-student perpetrator ☐ Unknown perpetrator

**When/Context:** ☐ Instructional time ☐ Transition time ☐ Bus ride ☐ During school-sponsored activity

☐ Non-school sponsored activity

**Location:** ☐ School Grounds ☐ Off Campus ☐ School Transportation

**Circle One:** ☐ 1CA Cafeteria ☐ 1ME Media ☐ 1ST Stadium ☐ 1CL Classroom ☐ 1OC Outside Class  
☐ 2FT Field Trip ☐ 1GR Grounds ☐ 1OF Office ☐ 3SB School Bus (#\_\_\_\_) ☐ 1GY Gymnasium  
☐ 1PL Parking Lot ☐ 1PR Playground/ ☐ 1LR Locker Room  
☐ 1RE Restroom ☐ 3BS Bus Stop ☐ 1HA Hallway ☐ Recess

**Involvement Type:** ☐ Student (S) ☐ Non-Student or Unsubstantiated Event (Z) ☐ Student and Non-Student (B) ☐ Unknown (U)

**Incident determined to be:** ☐ Bullying (BUL) ☐ Harassment (HAR) ☐ Unsubstantiated Bullying (UBL)  
☐ Unsubstantiated Harassment (UHR) ☐ Sexual Harassment (SXH) ☐ Other \_\_\_\_\_

**Related elements (if applicable):** ☐ Alcohol-Related ☐ Gang-Related ☐ Bullying-Related ☐ Injury-Related  
☐ Hate Crime-Related ☐ Weapon-Related ☐ Drug-Related

**Incident based on:** ☐ Race ☐ Sex ☐ Disability ☐ Sexual orientation ☐ Religion ☐ N/A

**Recommendations:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Assignment of reflective written work                      | <input type="checkbox"/> Behavioral or student self-improvement agreement | <input type="checkbox"/> Conference with Student                 | <input type="checkbox"/> Daily/Weekly report to parents       |
| <input type="checkbox"/> Functional behavioral assesment/behavior intervention plan | <input type="checkbox"/> Increased supervision                            | <input type="checkbox"/> Intervention plan                       | <input type="checkbox"/> Loss of priviledges                  |
| <input type="checkbox"/> Parent Shadowing   | <input type="checkbox"/> Peer Mediation                                   | <input type="checkbox"/> Referral to outside or community agency | <input type="checkbox"/> Referral to school intervention team |
| <input type="checkbox"/> Referral to Student Services                               | <input type="checkbox"/> Restitution                                      | <input type="checkbox"/> Restorative practices                   | <input type="checkbox"/> Work Detail                          |
| <input type="checkbox"/> N/A  | <input type="checkbox"/> Other (see notes)                                |  |   |

Date Investigation Started \_\_\_\_\_ Date Investigation Completed \_\_\_\_\_

Administrator's Notes \_\_\_\_\_

MyStudent Discipline Incident ID Number \_\_\_\_\_

This form is to be filed in a secure location (not the student cumulative record). Records will be maintained in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.