**Providence Public School District**

**Bullying, Harassment, Dating and Sexual Violence**

* **INCIDENT INVESTIGATION FORM (IIF)**
* School Name:Click here to enter text.Case #:Click here to enter text.Date:Click here to enter a date.
* (To be completed by administrators or their designated official(s) within 5 days of receipt of complaint.) **Use tab button to advance to next block.**
* **1. Incident:**
* Name of Incident Reporter(s):  Date(s): 
* Student Employee Other 

Time(s):  Date of Report/Complaint:  Location(s): ****

**2. District Equity Coordinator notified:** **Yes** **No Date:** **Click here to enter a date.**

* **3. Notice to Parents – (both parties) of Complaint:**

Notification by administrator/SEC within 1 school day of receiving incident report

Person notifying parent(s): Method: **** Date: 

Additional information: **Click here to enter text.**

* **4. Police Involvement:**   **Yes** **No** **Police Responded:** **Yes** **No**
* Responding Officer:  Report # 
* Action taken: **Click here to enter text.**

**INVESTIGATION**

**5. Target(s):**

Person allegedly target of bullying, harassment, and/or dating/sexual violence.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Name   (If not student indicate staff member/other) | * ID #/ * Position | * Age | * Grade | * Sex | * Race/ * Ethnicity | * Repeat Target (Y/N)   Don’t Know | * Target new to district (Y/N) * Don’t Know | * Parent Notified (Y/N) * Type of Notification |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**5a. Other pertinent information:** Click here to enter text.

**6. Subject(s):**

**Person(s) accused of alleged bullying, harassment, and/or dating/sexual violence**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Name   (If not student indicate staff member/other) | * ID #/ * Position | * Age | * Grade | * Sex | * Race/ * Ethnicity | * Repeat Subject (Y/N)   Don’t Know | * Subject new to district (Y/N) * Don’t Know | * Parent Notified (Y/N) * Type of Notification |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

* **6a. Other pertinent information: Click here to enter text.**
* **7. Witnesses:** (List people who saw the incident OR have pertinent information)
* 1) Name:  Student Staff Member  Other
* Contact information/phone # 
* 2) Name: Student Staff Member Other
* Contact information/phone # 

3) Name: Student Staff Member Other

* Contact information/phone # 
* **8. Summarize the details of the incident** (Be as specific as possible, including who was involved, what each person did and stated, specify using the actual words used. Use additional paper if necessary.):

Click here to enter text.

**9A. Bias indicators related to incident** (Check all that apply)

|  |
| --- |
| Derogatory words/writings/gestures used relating to victim’s group |
| Target belongs to a group that is relatively small in number in school |
| Subject had prior incidents with members of victim’s group |
| Derogatory words/writings/gestures used relating to victim’s group |
| Incident occurred on a holiday or date significant to victim’s group |
| Target perceives that incident was motivated by his/her group membership |
| Target participates in an activity/club promoting his/her group |

**9B. Is behavior or incident potentially motivated by the target’s** (check all that apply):

Race/Color Ethnicity/National Origin Sex (gender) Disability (actual or perceived)

Religion Gender identity (actual or perceived) Age Sexual Orientation (actual or perceived)

**10. Physical Injury to incident participants:** Yes No If yes, state who was injured and describe injuries: Click here to enter text.

**11. Resolution process used:** Formal Informal Disciplinary code Other Click here to enter text.

**12. Report/complaint investigated by:** 

(Name/Position)

**13. Report/complaint sustained:** Yes No **Check all that apply**

|  |  |  |
| --- | --- | --- |
|  | Means of Bullying/Harassment | Harassment Motivations |
| Bullying | Cyber Bullying/harassment | Race  Gender |
| Harassment | Verbal | Color  Ancestry |
|  | Threatening Behavior | Sexual Orientation/Gender Identity |
| Sexual Violence | Physical | Ethnicity/National Origin |
| Dating Violence | Sexual Harassment | Disability |
| Retaliation of any of the above behaviors | Extortion/Theft | Religion |

**14. Determination made by:**  Date: 

**ACTIONS**

**15a. Disciplinary, Corrective Action, Interventions & Supports for Aggressor(s):** Click here to enter text.

**Consequences Supports**

In-school suspension Safety Plan Consult with colleague(s)

Administrative detention Counseling Referral to Nurse

Referral to SAO  Behavior Intervention Plan Conference w/student

Out-of-school suspension Referred to Outside Agency  Referral to counselor, Social Worker, Psychologist

Removal to alternative setting Mediation Conference with family Telephone conversation w/family

Other Consequences: Click here to enter text.

Other Supports: Click here to enter text.

* **15b. Interventions & Supports for Target(s):** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| * Safety Plan | * Referral to Nurse | * Behavior Intervention Plan |
| * Counseling | * Referred to Outside Agency | * Conference with family |
| * Referral to Counselor, Social Worker, Psychologist | * Conference w/student | * Telephone conversation w/family |
| * Other Click here to enter text. | | |

* **16. School Notifications if necessary**
* Notify Director of Operations Notify SAO Notify Level Director Notify Police
* Other Click here to enter text.
* **17. Additional comments:** Click here to enter text.
* **18. Additional parent/guardian contact (with dates and times):** Click here to enter text.
* **19. Other agency reports filed?**  Yes NoAgency: 
* **19 a. Report Title**:  **Number/Name**: 
* **20. Designated official name **
* **Designated official signature: Date**: Click here to enter a date.
* **21. Report forwarded to district equity coordinator?** Yes No **Date**: Click here to enter a date.
* **22. District equity coordinator signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: Click here to enter a date.
* **Providence School District**
* **RITA Checklist for Bullying/Harassment**
* **(Report, Investigate, Take Action – RITA)**
* **Alleged Target’s Name:**  **Case #:**
* **(School Initials/School Year/# of incidents ex. BRI/2010-11/#001)**
* **School Equity Coordinator’s (SEC)Name:** 
* ***Important Note: The School Equity Coordinator (SEC) is responsible for maintaining this checklist, even if s/he does not complete each step her/himself. When completed school administrator sends copy to District Equity Officer.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Check (√)** | **Procedural Step** | **Date & Initials of “Checker”** | **Comments/Reminder** |
|  | **A. Report** |  |  |
|  | 1. Incident Complaint Report Form (ICRF) form is received and completed. |  | Click here to enter text. |
|  | 2. ICRF is reviewed by School Administrator and then given to the School Based Equity Officer (SEC) for review. |  | Click here to enter text. |
|  | 3. The school administrator assigns Case Number.  (First 3 initials of school/school year /# of incident)  Ex. BRI/2010-2011/#001 |  | Click here to enter text. |
|  | 4. Copy of ICRF is sent to District Equity Officer (DEO).  (Completed within 2 school days of receipt of incident) |  | Click here to enter text. |
|  | 5. Secure physical evidence if appropriate before notifying aggressor, target, & parent  (Completed within 1 school day or as soon as possible ) |  | Click here to enter text. |
|  | 6a.School administrator informs alleged aggressor(s) about complaint.  (Completed within 1school day of receipt of incident) |  | Click here to enter text. |
|  | 6b. School administrator informs alleged aggressor(s) about retaliation.  (Completed within 1 school day of receipt of incident) |  | Click here to enter text. |
|  | 7. SEC informs alleged target(s) that alleged aggressor(s) has/have been told about complaint & warned about retaliation.  (Completed within 1 school day of receipt of incident) |  | Click here to enter text. |
|  | 8. School administrator informs parents/guardian (P/G) of both alleged target(s) & alleged aggressor(s) about complaint & investigation, if one is required.  (Completed within 1 school day of receipt of incident) |  | If more than one parent/guardian additional information:  Click here to enter text. |
|  | 9. If necessary, an appropriate safety plan should be developed, implemented and monitored.  See: Appendix 1: Safety Plan Template  Section III C: Safety Plan Description |  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **B. Investigation** | **Date & Initials of “Checker”** | **Comments/Reminder** |
|  | 1. The SEC initiates the Incident Investigation Form (IIF) to document investigation. |  | Click here to enter text. |
|  | 2. The SEC identifies trained staff to assist in completing the investigation which may include the SEC as the investigator |  | Click here to enter text. |
|  | 3. Physical evidence is reviewed and secured. |  | Click here to enter text. |
|  | 4. Interviews are completed by assigned investigators. |  | Click here to enter text. |
|  | 5. Investigation is completed within 5 school days by assigned investigator. |  | Click here to enter text. |
|  | 6. SEC/School Administrator informs DEO of need for 5 day extension. |  | Click here to enter text. |
|  | 7. If not completed within 5 days, SEC informs all parties (including parent(s)/guardian) of 5 day extension. |  | Click here to enter text. |
|  | 8. SEC determines incident is  Bullying Harassment Retaliation  Sexual Violence Dating Violence  None of the above |  | Click here to enter text. |
|  | 9. Revise & review safety plan |  | Click here to enter text. |
|  | 10. SEC completes  **Incident Investigation Form (IIF)**  **RITA Checklist** **Safety Plan if necessary**  (Plus brief written report, if needed) |  | Click here to enter text. |
|  | 11. All forms are sent by School Administrator to DEO |  | Click here to enter text. |
|  | **C. Consequences, Actions, Interventions & Notification** | **Date & Initials of “Checker”** | **Comments/Reminder** |
|  | 1. SEC and/or School Administrator determine(s) and document(s), actions, intervention(s), safety plan and consequences, if any.  (See Section C Take Action Section) |  | Click here to enter text. |
|  | 2. If consequences, actions or interventions are implemented, SEC documents on Incident Investigation Form (IIF). |  | Click here to enter text. |
|  | 3. School administrator informs aggressor(s) & parent(s)/guardian of results and consequences, if any. |  | Click here to enter text. |
|  | 4. School administrator informs target(s) & parents/guardians of investigation’s results  (but NOT of consequences).  Notification in accordance with confidentiality laws and regulations. |  | Click here to enter text. |
|  | 5. SEC and/or school administrator will inform staff member(s) interviewed about incident’s results. |  | Click here to enter text. |
|  | 6.Copies of the following forwarded to the DEO:  RITA Checklist  Incident Investigation Form  Incident Complaint Report Form  Plus any other pertinent reports |  | Click here to enter text. |