

**ROCKWALL INDEPENDENT SCHOOL DISTRICT  
STUDENT INCIDENT REPORT  
BULLYING & PROHIBITED HARASSMENT**

**Instructions**

An administrator or counselor who receives a report of bullying by legal definition (FFI -LOCAL), or prohibited harassment including sexual harassment and dating violence by legal definition (FFH-LOCAL) will address the following issues with the student who was the target of the reported behaviors in a private meeting before assisting the student to complete the incident report.

**Your right to file an incident report**

The policy of the District is that all students and employees be free from bullying and prohibited harassment including sexual harassment and violence in students' relationships. All charges of bullying or prohibited harassment including sexual harassment and dating violence are to be taken very seriously by students, faculty, staff, administration and parents.

**Instructions**

Use this form to report bullying, prohibited harassment including sexual harassment and dating violence so that school officials may investigate and take appropriate steps to increase your safety.

Complete the report, providing as much detailed information as possible so that the incident may be properly investigated. It is important that you report the facts as accurately and completely as possible and that you cooperate fully with the persons designated to investigate the incident.

**Where to file**

Incident reports will be available from any counselor or administrator. Once completed, the principal or designee will handle all incident reports. Bullying may also be reported on the district website:  
<http://www.rockwallisd.com/students/general/resources/bullying-report/>

**Confidentiality**

To conduct an investigation in a confidential manner, the school will disclose the contents of your incident report only to those persons who have a need to know of your incident report. In signing the incident report, you authorize the school to disclose, as needed, the information you have provided, and may in the future, regarding your incident report. Your incident report will not be shown to the accused student.

**Retaliation prohibited**

Retaliation against a person who files a formal incident report is strictly prohibited and is grounds for disciplinary action, including but not limited to detention, suspension, community service, or any other disciplinary action appropriate under the Student Code of Conduct.

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Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ School: \_\_\_\_\_

**Please answer the following questions about the most serious incident:**

- List the name of the student(s) accused of bullying or prohibited harassment, including sexual harassment or dating violence: \_\_\_\_\_
- Relationship between you and the accused student: \_\_\_\_\_
- Describe the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Where and when did it happen? \_\_\_\_\_
- Were there any witnesses?  Yes  No If yes, who? \_\_\_\_\_
- Other information, including previous incidents or threats: \_\_\_\_\_  
\_\_\_\_\_
- Student or parent declines to complete this form: \_\_\_\_\_  
Initial and date

I certify that all statements made in the incident report are true and complete. Any intentional misstatement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of school official receiving report: \_\_\_\_\_ Date: \_\_\_\_\_

Notes of actions taken: \_\_\_\_\_

Additional information from student or staff:

Date	Documentation/Follow-Up	Signature of Student/Staff	Parent Notified (Y/N)

To help ascertain if the incident rises to the level of TEC-defined bullying, it may be helpful to utilize RISD’s administrative guideline *BULLYING WORKSHEET*.

If bullying is confirmed, take immediate action and make counseling available to:

- Victim
- Bully
- Witnesses

Date	Counseling Offered	Signature of Student/Staff	Parent Notified