STUDENTS

Exhibit - Interview Form for Bullying Investigation
To be completed by the Building Principal or designee to obtain information about a bullying report. Use this form as a coversheet for each person interviewed during the investigation.

Name of person interviewed: ___________________________ Date: ________________
Name of interviewer: ________________________________ Title: ________________

Instructions for Interviewer
1. Protect the identity of the student who reports. Begin a prompt, thorough and impartial investigation by interviewing witnesses separately in a private location with a school colleague present (not the school resource officer). Use the Questions section below to guide your notes while you interview the person listed above. Attach to 7:180-AP1, E7, Response to Bullying.
2. Make your notes on a separate document and attach them to this form.
3. Review and preserve any videos, photos, screenshots or other physical evidence and label it.
4. File this form, notes, and any other evidence provided in a designated investigation and response folder.
5. Use this form to complete 7:180-AP1, E7, Response to Bullying.
6. Create a Basic Facts section, i.e., who, what, where, when, why and how.
7. Record the actions and behavior that were experienced or observed (follow-up with leading questions to complete the description of what happened and its consequences, if necessary).
8. Include open-ended questions. For example, ask “How are you feeling?” “How has what happened affected you?”

Questions
1. Has this happened before?
2. Do you fear for your safety? How? Where (at school, home, or both places)?
3. Do you fear that harm would come to any of your personal property? How?
4. Age appropriately ask whether the target’s health (physical, emotional, and/or mental) has been affected. How (seen by a doctor, missing school)?
5. Has your academic performance been affected? How (increase in tardiness/absences, grades going down, missed assignments)?
6. Have you quit or modified attendance in any extracurricular activities?
7. Have you changed any of your usual routines at school (using different hallway, skipping lunch in lunchroom or using different lunch period, taking different route to school, etc.)?
8. Why do you think this behavior is happening?
9. What will help make you feel safe?

Adopted 12-16-13
Revised 03-18-19