Bullying Incident Follow-Up

INCIDENT DETAILS Date of Incident Location Description of Incident PEOPLE INVOLVED Name(s) of Student(s) Affected Name(s) of Student(s) Involved (Bullying) Staff Member Completing Follow-Up **ACTIONS TAKEN** Immediate Actions Taken Follow-Up Actions/Support Provided PARENT/GUARDIAN CONTACT **Date of Contact** Method of Contact Summary of Discussion

ADDITIONAL N	OTES			