

Student's Name _____

Effective Date: [Click here to enter a date.](#)

Student's School _____

COVER SHEET
BULLYING AND/OR HARASSMENT FORMS

- ☐ **BH1** Bullying/Harassment Complaint Investigation Report Form **(REQUIRED)**
- ☐ **BH2** Student Voluntary Statement (use as many as needed for victim, perpetrator, witnesses)
- ☐ **BH3** Support Staff Report (counselor, social worker, or other)
- ☐ **BH4** Witness Statement (use as many as needed for other school staff, parent/guardian)
- ☐ Bus Driver Statement (if relevant)
- ☐ Initial Complaint of Bullying or Harassment (if in writing)
- ☐ Previous Bullying/Harassment Complaint Investigation Report(s) (if applicable)

FOR TECHNICAL ASSISTANCE WITH:

Bullying/Harassment that is severe in nature. Please send packet to	Director of Student Support – Social Work	Elena Runco 412-529-3918	erunco1@pghschools.org studentservices@pghschools.org
Suspected bullying/harassment by an employee	Chief of Human Resources	Ms. Margaret Rudolph 412-529-3650	mrudolph1@pghschools.org
Parents/guardians represented by an attorney regarding their complaint	Law Department	Annemarie Harr Eagle 412-391-9890	aharr@wbklegal.com
Immediate Safety of Child and/or Release	School Police (Interim Chief	Dena Young 412-529-3555	dyoung1@pghschools.org

	School District Safety)		
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BH1

BULLYING / HARASSMENT COMPLAINT INVESTIGATION REPORT FORM

Investigation Report Date: Click here to enter a date.	Investigating School Staff Member Name & Title:	School Name:	Please Check One: <input type="checkbox"/> First Incident <input type="checkbox"/> Second Incident <input type="checkbox"/> Third Incident <input type="checkbox"/> Other _____
		Student's Grade: Choose an item.	Date(s) Incident Occurred: Click here to enter a date.
Complainant's Name(s): Student <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>		Complainant's parent(s)/guardian(s) have been contacted? <input type="checkbox"/>	
Perpetrator's Name(s): Student <input type="checkbox"/> Other <input type="checkbox"/>		Perpetrator's parent(s)/guardian(s) have been contacted? <input type="checkbox"/>	
Describe the complained of bullying/harassment using involved parties' names:			
Investigation procedures included the following [e.g., interviews (including dates conducted), records reviewed, and other information and materials relevant to the incident reviewed]:			
Witnesses: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the names and the witness statements:			
Factual conclusions as a result of investigation [include a chronology of incident(s) and school response(s)]:			

Do the factual conclusions establish a violation of the School District's Bullying/Harassment Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what type of conduct occurred: Bullying <input type="checkbox"/> Harassment <input type="checkbox"/> Sexual Harassment <input type="checkbox"/>	
If harassment occurred, was that harassment on the basis of the victim's: Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin/Ethnicity <input type="checkbox"/> Gender (including gender identity/expression) <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion <input type="checkbox"/>	
Describe prior corrective action, if any, and additional corrective action or interventions to be taken and who is responsible:	
Was perpetrator progressively disciplined consistent with the Code of Student Conduct? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional comments, observations and recommendations of investigating staff:	
Has complainant been referred to the Student Assistance Program (SAP)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has perpetrator been referred to the Student Assistance Program (SAP)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other supports that have been put into place (if any):	
This Investigation Report Form must be completed within ten(10) school days of the receipt of a complaint, unless additional time to complete the investigation is required.	
Completed Investigation Report Form shall be provided to: Compliance Officer for Bullying & Harassment <input type="checkbox"/> Office of Student Support Services 341 S. Bellefield Avenue, Room 440, Pittsburgh, PA 15213 Phone: (412) 529-3918 FAX: (412) 529-3954	
<i>Appeal Procedure</i> – If the complainant is not satisfied with the finding of no violation of the policy or with the corrective action recommended, the complainant may submit a written appeal to the Compliance Officer for Bullying & Harassment within fifteen (15) days of the receipt of this Investigation Report.	
Signature of Investigating School Staff Member:	Date: Click here to enter a date.

BH2

BULLYING / HARASSMENT INVESTIGATION
STUDENT VOLUNTARY STATEMENT

(Must appear in original written form)

Student Name (please print): _____

[illegible]

The above statement was made of my own free will and accord and is a true statement to the best of my knowledge.

Signed: _____
Student

Date _____

Time

Attest: _____
Investigator

Date _____

Time

BH3

BULLYING / HARASSMENT INVESTIGATION
SUPPORT STAFF REPORT

(e.g., counselor, social worker, or other)

Support Staff Name (please print): _____

Support Staff Title: _____

Complainant Student Name, Age, Grade: _____

Accused Student Name(s), Age(s), Grade(s) (if more than one, please list all):

Statement of Involvement/Interventions Concerning the Above Students:

(Handwritten or Typed)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The above statement was made of my own free will and accord and is a true statement to the best of my knowledge.

Signed: _____

Time

BULLYING / HARASSMENT INVESTIGATION
WITNESS STATEMENT

[illegible]

Signed: _____

THE FOLLOWING SECTION IS FOR CENTRAL OFFICE DOCUMENTATION ONLY

Did the school do an investigation that is in compliance with policy/procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Complaint Investigation Report complete?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the complainant's parent/guardian been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was a support plan put in place for the complainant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were witness statements attached, if applicable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was perpetrator's parent/guardian notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was a support plan put in place for the perpetrator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have both students been referred to the SAP program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Compliance Officer's comments:

Completed and Reviewed Investigation Report Form shall be provided to: Parent/Guardian of Complainant ☐
 Parent/Guardian of Alleged Perpetrator ☐

Signature of Compliance Officer's review:	Case No:	Date Reviewed:
		Date Returned to School: Click here to enter a date.

What additional follow-up is needed at the school level?

Witness

Date

Time