



# Auburn Community Unit District No. 10



Amy Donaldson, ES Principal  
Telephone 438-6916

Matt Grimm, MS Principal  
Telephone 438-6919

Christy Bailey, JH Principal  
Telephone 628-3414

606 North Street  
Auburn, Illinois 62615  
**Dr. Darren Root, Superintendent**  
Telephone 217-438-6164  
Fax 217-438-6483

Landon Lounsberry, HS Principal  
Telephone 438-6817

Seth McCoy, Athletic Director  
Telephone 438-6549

## **Response to Bullying and School Violence**

*To be completed by the Building Principal and attached as a coversheet for the school office's designated bullying report investigation and response folder. Place a copy of the completed coversheet only (not attachments) in each listed student's temporary school student record. Redact all student names other than the student's name for which the record pertains.*

Investigator: \_\_\_\_\_ Title: \_\_\_\_\_

### **Investigation**

File an interview form for each party interviewed in the designated investigation and response folder.

☐ Check here to indicate that all interview forms have been properly completed and filed.

Target: \_\_\_\_\_ Date: \_\_\_\_\_

Aggressor: \_\_\_\_\_ Date: \_\_\_\_\_

Witnesses: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Are there any prior documented incidents by the aggressor identified above? ☐ Yes ☐ No (Attach information)

If yes, have incidents involved target or target group previously? ☐ Yes ☐ No

### **Findings**

☐ Bullying ☐ Other: \_\_\_\_\_

☐ Aggressor motivated by protected characteristics listed in policy 7:20, *Harassment of Students Prohibited*.

### **Bullying and School Violence Investigation Response**

**Response and Plan for Target** (Check all that apply and include descriptions.)

☐ Contact parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Circle contact method: Phone Email Letter In-person Other: \_\_\_\_\_

☐ Safety plan: \_\_\_\_\_

☐ Increase staff supervision: \_\_\_\_\_

☐ Education: \_\_\_\_\_

☐ Minimize contact with aggressor: \_\_\_\_\_

☐ District resources: (Student Services/IDEA/504) \_\_\_\_\_

☐ Other: \_\_\_\_\_



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Target follow-up scheduled date: \_\_\_\_\_ Date and initial completed: \_\_\_\_\_

Parent/guardian follow-up date: \_\_\_\_\_ Date and initial completed: \_\_\_\_\_

Circle contact method: Phone Email Letter In-person Other: \_\_\_\_\_

☐ Provide parent/guardian with copies of Board policy 2:260 and 7:180. Date: \_\_\_\_\_

**Response and Plan for Aggressor** (Check all that apply and include descriptions.)

☐ Contact parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Circle contact method: Phone Email Letter In-person Other: \_\_\_\_\_

☐ 7:190-E1, *Aggressive Behavior Reporting Letter and Form* sent Date: \_\_\_\_\_

☐ Provide parent/guardian with copies of Board policy 2:260 and 7:180 Date: \_\_\_\_\_

Restorative Responses

☐ Safety plan: \_\_\_\_\_

☐ Increase staff supervision: \_\_\_\_\_

☐ Education: \_\_\_\_\_

☐ Non-District affiliated psychological services: \_\_\_\_\_

☐ Alternative school assignment: \_\_\_\_\_

☐ Minimize contact with target: \_\_\_\_\_

☐ District resources (Student Services/IDEA/504): \_\_\_\_\_

☐ Other: \_\_\_\_\_

Punitive Responses

☐ Loss of privileges: \_\_\_\_\_

☐ Detention: \_\_\_\_\_

☐ Suspension: \_\_\_\_\_

☐ Expulsion: \_\_\_\_\_

☐ Community agency service: \_\_\_\_\_

☐ Reciprocal Reporting Act utilized: ☐ Yes ☐ No

☐ Other: \_\_\_\_\_

Aggressor follow-up date: \_\_\_\_\_ Date and initial completed: \_\_\_\_\_

Circle contact method: Phone Email Letter In-person Other: \_\_\_\_\_

Parent/guardian follow-up date: \_\_\_\_\_ Date and initial completed: \_\_\_\_\_

Circle contact method: Phone Email Letter In-person Other: \_\_\_\_\_

☐ Contact District complaint manager: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Target response implementation: \_\_\_\_\_



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- ☐ Aggressor response implementation: \_\_\_\_\_
- ☐ Systemic culture/climate intervention: \_\_\_\_\_
- ☐ Referral to address needs for ideal conditions for developmental learning: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Submit reports to: ☐ Building Principal (if not the investigator) Date: \_\_\_\_\_  
☐ Superintendent Date: \_\_\_\_\_

Signature of investigator: \_\_\_\_\_ Date: \_\_\_\_\_