

BULLYING REPORT AND INCIDENT FORM

Bullying, defined as any pattern of written or verbal expression, physical act or gesture that is intended to cause or is perceived as causing distress, by either an individual student or a group of students, is expressly prohibited and will not be tolerated. This includes the misuse of technology for the same purpose. This form is to be used to report alleged incidents of bullying. Please complete all sections of the form and return to the Building Principal/Supervisor. Please print.

Today's Date: _____ / _____ / _____
Month Day Year

School: _____

PERSON REPORTING INCIDENT

Name: _____

Telephone: _____ E-mail: _____

Place an X in the appropriate box: Student Student (witness/bystander) Parent/guardian Close adult relative
 School staff

Date(s) incident(s) occurred: _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
Month Day Year Month Day Year Month Day Year

Name of student victim(s): _____ Age: _____

Name(s) of alleged offender(s) (if known):	Age	School (if known)	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Bullying (X all that apply):

- Name calling/offensive remarks
 Exclusion
 Hit, kicked, punched
 Told lies or false rumors
 Threatened
 Racial comments
 Sexual comments
 Took/damaged possessions
 Electronic communications (Please explain)

Other/Explanation: _____

Where did the bullying happen? (X all that apply):

- Field Hallway In class with teacher
 In class without teacher
 Bathroom
 Line-up areas Lunchroom To/from school
 Bus stop Bus
 Other: _____

People the victim has spoken to about the bullying incident (X all that apply):

- Teacher
 Other adult at school
 Parent/guardian
 Sibling
 Friend
 Close adult relative

What did the alleged offender(s) say or do? _____

Did a physical injury result from this incident?

No Yes, but it did not require medical attention Yes, and it required medical attention (please explain)

Medical attention required: _____

Was the student victim absent from school as a result of this incident? Yes No

If yes, how many days was the student victim absent from school as a result of the incident? _____

Is there any additional information you would like to provide?

Please Note: The school district is not authorized to disclose to a victim, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of students involved in a bullying incident and the remedial action taken, to the extent permitted by law, based on a confirmed report.

Signature: _____ Date: _____

INVESTIGATION REPORT

Investigated by: _____ Position: _____

Date: ____/____/____
Month Day Year

Final Report of Investigation of bullying complaint by _____ against _____, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

- Found grounds to substantiate the allegations
- Did not find grounds to substantiate the allegations
- Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action: _____

Parent/guardian contacted? Yes Date: ____/____/____ No
Month Day Year

Signature of Investigator: _____ Date: _____

Signature of Principal: _____ Date: _____
(If not Investigator)