

Form A: To be completed by individuals who wish to report an incident of bullying, including parents, students, teachers, and staff.

**Palo Alto Unified School District
Incident Reporting Form**

Bullying is serious and will not be tolerated in the Palo Alto Unified School District. **If you wish to report an incident of bullying**, please contact the principal or school staff. You may also complete this form and return it to the school site so that the matter may be investigated.

Date of Report: _____

Name(s) of alleged targets(s) of bullying:	Age	Grade	School
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Name(s) of alleged aggressor(s):	Age	Grade	School
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Name(s) of witness(es):

When did the incident(s) happen? (Include date and time.)

Where did the incident(s) occur?

Please check the box or boxes next to the statement(s) that best describes what happened (choose all that apply):

<input type="checkbox"/> Teasing	<input type="checkbox"/> Physical violence	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Hurtful, demeaning remarks or actions	<input type="checkbox"/> Public humiliation	<input type="checkbox"/> Extortion	<input type="checkbox"/> Aggression encouraged by others
<input type="checkbox"/> Maliciously excluding from group	<input type="checkbox"/> Cyberbullying	<input type="checkbox"/> Stalking	<input type="checkbox"/> Spreading rumors or falsehoods
<input type="checkbox"/> Defacing clothing or other property	<input type="checkbox"/> Threat	<input type="checkbox"/> Theft	<input type="checkbox"/> Other

Give a brief description of the incident(s) and/or your concerns. (Use reverse side if necessary)

Attach any documents related to this complaint

Did a physical injury result? Please check one of the following:

No Yes, but it did not require medical attention Yes, and it required medical attention Unknown

Do you know of other incidents of bullying directed at this student? Yes No

Name of person reporting incident(s)? (You may report anonymously)

Relationship to student: _____ Telephone: _____

Signature: _____ Date: _____

For Office Use Only	Administrator Receiving Report:
Bullying Allegations:	Date:
<input type="checkbox"/> Substantiated <input type="checkbox"/> Not Substantiated <input type="checkbox"/> Referred to UCP	