

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:	// 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) occurre	ed: // Month Day Year	Month Day Year	Month Day Year	,	
Name of student victim(s):	:		A	Age:	
Name(s) of alleged offend	ler(s) (if known):	Age S	chool (if known)	Is he/she a student?	
	 			_ ☐ Yes ☐ No	
	·····			_ Yes □ No	
				_ □ Yes □ No	
Type of Bullying (X all that apply):					
☐ Name calling/offensive	remarks Exclusion	☐ Hit, kicked, punche	ed	rumors	
☐ Racial comments	☐ Sexual comments	☐ Took/damaged posses	ssions	nmunications (Please explain)	
Other/Explanation:					
Where did the bullying happen? (X all that apply):					
☐ Field	☐ Hallway	☐ In class with teacher	☐ In class without teache	r 🚨 Bathroom	
☐ Line-up areas	☐ Lunchroom	☐ To/from school	☐ Bus stop	☐ Bus	
☐ Other:					
People the victim has	spoken to about the b	ullying incident (X all th	nat apply):		
☐ Teacher ☐ Other	r adult at school	nt/guardian 🔲 Sibli	ng 🖵 Friend	☐ Close adult relative	
What did the alleged offender(s) say or do?					
- 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			

Did a phys	sical injury result from this incident?		
□ No	☐ Yes, but it did not require medical attention	☐ Yes, and it required medical atte	ention (please explain)
Medical atte	ntion required:		
Was the st	udent victim absent from school as a result of	this incident?	□ No
If yes, how n	nany days was the student victim absent from school a	a result of the incident?	
Is there an	y additional information you would like to pro	vide?	
an alleged	te: The school district is not authorized to disclos perpetrator who is a student or employee of the solution of students involved in a bullying incident and the med report.	chool district. School officials will no	otify the parent(s) or
Signature:		Date:	
*******	***************************************		*******
		ION REPORT	
Investigate	d by:	Position:	
Date:	h Day Year		
Final Repo	rt of Investigation of bullying complaint by		against
	, a	leged offender.	
In my/our ir	nvestigation of the complaint, it is found (check ap	propriate response):	
	Found grounds to substantiate the allegations		
	Did not find grounds to substantiate the allegation	5	
	Did not find enough information to make a judgme	nt on the allegations	
Summary o	of investigation, findings, and disciplinary action: $_$		
Parent/gua	rdian contacted?	/ No	
Signature of	of Investigator:	Date:	
Signature of (If not Invest	of Principal: igator)	Date:	