



BULLYING REPORTING AND INCIDENT FORM

As used in the School Bullying Prevention Act, "harassment, intimidation, and bullying" means any gesture, written or verbal expression, electronic communication or physical act that a reasonable person should know will harm another student, damage another student's property, place another student in reasonable fear of harm to the student's person or damage to the student's property, or insult or demean any student or group of students in such a way as to disrupt or interfere with the school's educational mission or the education of any student. Harassment, intimidation, and bullying are repeated, intentional behaviors which include, gestures or written, verbal, or physical acts, or electronic communications. Such behavior is specifically prohibited. Policy FCND

Today's Date: _____ School: Primary Northwood Piedmont Elementary
 Stone Ridge Intermediate Middle School High School

Person Reporting Incident

Name: _____ Phone: _____

- Student Student (bystander/witness) Parent/Guardian School Staff
 Other _____

Date(s) incident(s) occurred: _____ Time: _____

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

Name(s) of alleged offender(s), if known:	Student?	Grade	School
1 _____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
2 _____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
3 _____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____

Type of Bullying (X all that apply):

- Name Calling/Offensive Remarks Exclusion Hit, Kicked, Punched, etc. False Statements
 Racial Comments Sexual Comments Took/Damaged Possessions Electronic Communications
 Other/ Explanation: _____

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

- Athletic Field Hallway Classroom Restroom Lunchroom To/From School
 Bus Stop Gym Locker Room Lockers School Grounds Other _____

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

- Teacher Other Adult at School Parent/Guardian Sibling Friend Other _____

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

Did physical injury result from this incident?

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

Medical Attention Required: _____

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

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: _____ Title: _____ Date: _____

Investigation finds (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 judgement on the allegations

Summary of investigation, findings and disciplinary action:

Victim Parent/Guardian Contacted:

No Yes Date: _____ Name: _____

Alleged Offender(s) Parent/Guardian Contacted:

- 1 No Yes Date: _____ Name: _____
- 2 No Yes Date: _____ Name: _____
- 3 No Yes Date: _____ Name: _____

Signature of Investigator: _____ Date: _____

Signature of Principal: _____ Date: _____