



ARVIN UNION SCHOOL DISTRICT

Bullying, Cyber-Bullying, Harassment, or Intimidation Reporting Form

Bullying, Cyber-Bullying, Harassment, or Intimidation of students and/or school personnel are serious and *will not* be tolerated in the Arvin Union School District.

This is the official District form, per Board Policies 4030(a), 5131(c), 5131.2(a) and 5145.3(a) to be used in reporting alleged bullying, cyber-bullying, harassment, or intimidation that occurs on school property; at a school-sponsored event or activity off-campus; on a school bus; on the way to and/or from school, or on-line outside of the regular school day that substantially disrupts the orderly operation of school and/or school business in the current school year.

Bullying, cyber-bullying, harassment, or intimidation means *intentional conduct*, including verbal, physical, or written conduct, or an *intentional electronic communication*, that creates a hostile educational or working environment by *substantially interfering* with a student or employee's opportunities, performance, physical and/or psychological well-being, *and is*:

- ❖ Motivated by an actual or perceived personal characteristic, including race, national origin, marital status, gender, gender identity, sexual orientation, religion, ancestry, physical attribute, socioeconomic status, familial status, or physical and/or mental ability or disability; or
- ❖ Threatening or seriously intimidating; and
- ❖ Occurs on school property, at a school activity or event, on a school bus; on the way to and from school; or
- ❖ Substantially disrupts the orderly operation of a school, including any electronic communication transmitted by means of an electronic device, including but not limited to a telephone, cellular phone, computer, or pager.

REPORTING INFORMATION

Today's Date: _____ Person Reporting: _____

School/Work Site: _____ Telephone Number(s) _____

Person Reporting Incident Is: (Please circle one)	Student	Witness/Bystander	Parent/Guardian
	Close Adult Relative	School Staff	Other

ALLEGED VICTIM'S INFORMATION

Victim's Name: _____ Site: _____

Age: _____ Grade: _____

INCIDENT INFORMATION

Name of alleged offender(s) <i>(if known)</i>	Age	School/Site <i>(if known)</i>	Are they a student?			
			Circle		Circle	
			Yes	No	Yes	No

Where did the incident occur? On school property On the way to/from school On the bus
(Circle all that apply)

At a school-sponsored activity or event off school property On-Line

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

(Please attach a separate sheet if necessary)

Why do you believe this incident occurred? _____

(Please attach a separate sheet if necessary)

Did a physical injury result from this incident? No Yes, but no medical attention was required
(Please circle one)

Yes, and medical attention *was* required

Was the student/victim absent from school/work as a result of this incident and, if so, how many days were missed? NO YES Days missed: _____

If applicable, please provide any additional information you believe may be relevant to this incident:

CONCLUSIONS

Findings (including whether the alleged conduct constituted intimidation, harassment, or bullying):

ACTIONS

Findings (e.g. discipline, counseling, training, etc.):

FINAL REPORT

To the extent not reflected on this form, please attach a narrative report explaining the basis for the determination, including a description of the factual findings, analysis, and conclusions. Please forward this form, along with your narrative report, to your Superintendent/Designee. A final report summarizing factual findings must be prepared within 30 days of the filing of this complaint.

Date final written report was prepared: _____

Date final written report was provided to:

Subject/Student(s): _____

Subject/Student(s) Parent/Guardians: _____

Superintendent/Designee: _____

Follow-Up conducted with Targeted Student(s)/Employee(s):

Administrator's Signature

Date