



# Roseville Area Schools

Quality Teaching & Learning for All...Equity in All We Do

## Roseville Area Schools Initial Report of Bullying Behavior Form

***Definition:*** "Bullying" means intimidating, threatening, abusive, or harming conduct that is objectively offensive and 1) an actual or perceived imbalance of power exists between the student engaging in the prohibited conduct, and the conduct is repeated or forms a pattern; or 2) materially or substantially interferes with a student's educational opportunities or performance or ability to participate in school functions or activities or to receive school benefits, services or privileges. This includes cyberbullying, which is the use of technology or other electronic communication transmitted through a computer, cell phone or other electronic device to bully.

Timeframe: All investigations of a reported bullying incident will be initiated within three school days and completed within ten school days.

1. Name of Person Receiving the Report:

\_\_\_\_\_

2. Position: \_\_\_\_\_

3. Date of Report: \_\_\_\_\_

4. Report was Received Via:  Phone  Email  Text  In person  
 Written  Other

5. Name of Person Filing the Report:

\_\_\_\_\_

6. Contact Information for Reporter:

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

7. If report was given anonymously, check here: \_\_\_\_\_

8. Person Reporting Bullying is a: \_\_\_\_\_ Student \_\_\_\_\_ Staff \_\_\_\_\_ Parent/Guardian  
\_\_\_\_\_ Administrator \_\_\_\_\_ Community Member \_\_\_\_\_ Other

9. Person Filing the Report is the Target of the Bullying: \_\_\_\_\_ YES \_\_\_\_\_ NO

10. Name of the Target of Bullying: \_\_\_\_\_

11. Name of the School Target Attends: \_\_\_\_\_

Grade: \_\_\_\_\_

12. Name(s) of the Offender (person(s) who engaged in bullying):

\_\_\_\_\_

a. Others: \_\_\_\_\_

13. Name of the School Offender Attends: \_\_\_\_\_

14. Date of the Incident(s): \_\_\_\_\_

15. Location of the Incident (be as specific as possible): \_\_\_\_\_

16. Time that the Incident Occurred: \_\_\_\_\_

17. Witnesses (List of people who saw the incident and may have information):

a. Name: \_\_\_\_\_ \_\_\_\_\_ Student \_\_\_\_\_ Staff  
\_\_\_\_\_ Other

b. Name: \_\_\_\_\_ \_\_\_\_\_ Student \_\_\_\_\_ Staff  
\_\_\_\_\_ Other

c. Name: \_\_\_\_\_ \_\_\_\_\_ Student \_\_\_\_\_ Staff  
\_\_\_\_\_ Other

18. Provide a detailed description of the incident. Include names of people involved, what occurred, and what each person said or did, including specific words or actions.

19. Any Prior Documented Incidences by the Offender? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Unknown

Signature of Person Receiving Report: \_\_\_\_\_ Date: \_\_\_\_\_

Report forwarded to \_\_\_\_\_ on \_\_\_\_\_ (date) for  
determination of investigation.