



## Notice of Bullying

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Dear: \_\_\_\_\_

The Brownsville Independent School District prohibits the bullying of a student. It also prohibits retaliation against any person, including a victim, a witness, or another person, who, in good faith, provides information concerning an incident of bullying.

It is considered bullying if the conduct:

A **single significant act** or a **pattern of acts** by one or more students directed at another student that exploits an imbalance of a power and involves, engaging in written or verbal expression, expression through electronic means, or physical conduct that satisfies the following applicability requirements:

- Has the effect or will have the effect of physically harming a student, damaging a student's property, or placing a student in reasonable fear of harm to the student's person or of damage to the student's property;
- Is sufficiently severe, persistent, or [and] pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for a student;
- Materially and substantially disrupts the educational process or the orderly operation of a classroom or school; or
- Infringes on the rights of the victim at school; and includes cyberbullying.

Investigator:	Date of Investigation:
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Student behavior(s) reported:
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1. The school is notifying you that \_\_\_\_\_ evidence was found to substantiate an allegation that \_\_\_\_\_ is a \_\_\_\_\_ of bullying.
2. To obtain assistance and interventions in response to bullying, the following actions are available:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. The following counseling options and contact person(s) are available for assistance:  
 \_\_\_\_\_  
 \_\_\_\_\_

Should further incidences continue, which may be attributable to bullying, please do not hesitate to contact our office.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date