



# OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, CA 93030 • 805/385-1501 • Fax 805/487-9648  
www.oxnardsd.org

## REPORTING FORM

Who? \_\_\_\_\_

What? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Witnesses? \_\_\_\_\_

1. Did the behavior hurt someone?  Yes  No

2. Did the behavior happen over and over?  Yes  No

\_\_\_\_\_

*I pledge and promise to do my part to make my school a SAFE AND BULLY-FREE ZONE.*

Your Name \_\_\_\_\_ Teacher \_\_\_\_\_

### FOR STAFF USE ONLY

Report Submitted to \_\_\_\_\_ Date \_\_\_\_\_

Disposition:  Teacher conference  Referral to school counselor  Teacher discipline

Parent contact  Allegation unfounded  Referral to office