

## INDEPENDENT SCHOOL DISTRICT NO. 277 BULLYING REPORT FORM

### **General Statement of Policy Prohibiting Bullying**

A safe and civil environment is needed for students to learn and attain high academic standards and to promote healthy human relationships. Bullying, like other violent or disruptive behavior, is conduct that interferes with a student's ability to learn and / or a teacher's ability to educate students in a safe environment.

Independent School District No. 277 maintains a firm policy prohibiting acts of bullying, by either an individual student or a group of students, or an individual adult or group of adults. If you wish to report an incident of bullying, complete this form and return it to a teacher, building principal, or the office of the superintendent. Completed forms may also be emailed to

[welisten@westonka.k12.mn.us](mailto:welisten@westonka.k12.mn.us)

### **REPORTER CONTACT INFORMATION**

*Please note, reports can be made anonymously, but discipline decisions cannot be made solely on anonymous reports.*

**Name (optional):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am (choose one):**

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Staff Member \_\_\_\_\_ Other \_\_\_\_\_

**Phone number (optional):** \_\_\_\_\_

**Email address (optional):** \_\_\_\_\_

### **INCIDENT INFORMATION**

**Student who was bullied:** \_\_\_\_\_

**Student(s) or adult(s) who engaged in prohibited conduct:** \_\_\_\_\_

\_\_\_\_\_

**Date and time of incident:** \_\_\_\_\_

**Location of incident:** \_\_\_\_\_

**Witnesses present:** \_\_\_\_\_

**Did you witness the event:** \_\_\_\_\_

**Nature of bullying being reported** (*check all that apply*):

<p><input type="checkbox"/> <b>Physical</b></p> <p>Acts such as hitting, spitting, kicking, or damaging your or another student's possessions</p>	<p><input type="checkbox"/> <b>Emotional</b></p> <p>Spreading mean rumors or lies about someone</p>	<p><input type="checkbox"/> <b>Verbal</b></p> <p>Saying mean or hurtful things or threatening you or another student</p>
<p><input type="checkbox"/> <b>Cyber/Online</b></p> <p>Occurs on website or social media, by cell phone, email or text message</p>	<p><input type="checkbox"/> <b>Social</b></p> <p>Excluding a you or a student from a group, telling peers not to talk to you or another student</p>	<p><input type="checkbox"/> <b>Other</b></p> <p>(Please describe)</p>

**Please explain the incident in detail. Attach additional pages if necessary.**

This complaint is filed based on my honest belief that (enter name of the other student here) has bullied or engaged in other prohibited conduct against me or another student. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Signature (*optional*): \_\_\_\_\_

Received by (*office use only*): \_\_\_\_\_

Reviewed by (*office use only*): \_\_\_\_\_ Date: \_\_\_\_\_