

Turlock Unified School District

Student Bullying/Harassment Reporting Form

Reporting Person <i>(Optional)</i> :	School:
Your phone number <i>(Optional)</i> :	Today's Date:

Targeted student: _____

Name of school adult you've already contacted *(if any)*: _____

Name(s) of aggressor(s) *(if known)*: _____

INFORMATION ON THE INCIDENT

When did the incident(s) occur?

Where did the incident happen? *(Circle all that apply)*

Classroom Hallway Restroom Playground Locker room Lunchroom
Parking lot School bus Internet Cell phone Sport field
Off school property On the way to/from school During a school activity

Please check the box that best describes what the bully did. *Please choose all that apply.*

- ☐ Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- ☐ Getting another person to hit or harm the student
- ☐ Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
- ☐ Putting the student down and making the student a target of jokes
- ☐ Making rude and/or threatening gestures
- ☐ Excluding or rejecting the student
- ☐ Making the student fearful, demanding money or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Cyber bullying (bullying by calling, texting, sexting, emailing, web posting, etc.)
- ☐ Discrimination: _____
- ☐ Sexual Harassment: _____
- ☐ Repeated Harassment: _____
- ☐ Other: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (attach additional pages if necessary): _____

How many times (if any) has this happened before? _____ Do you know the aggressor? _____
Were there any witnesses? Yes ☐ No ☐ If yes, please provide their names: _____

Why do you think the harassment, intimidation or bullying occurred? _____

Do you know the aggressor? Yes ☐ No ☐ If yes, please provide information on the relationship: _____

Did a physical injury result from this incident? If yes, please describe. _____

Was the target absent from school as a result of the incident? Yes ☐ No ☐

If yes, please describe: _____

STUDENT/SCHOOL STAFF/PARENT PROCEDURES FOR REPORTING A COMPLAINT

- A. Any student who believes he/she has been discriminated against, harassed/bullied or sexually harassed should report his/her concern promptly to their classroom teacher/school staff member, counselor or administrator.
- B. School staff is expected to report possible incidents of discrimination, harassment/bullying or sexual harassment of students to the administration. Parents and other adults are also encouraged to report any concerns about possible discrimination, harassment/bullying or sexual harassment of students as well.
- C. Students and others will not be retaliated against for making a complaint. Any retaliation by students or school staff will result in disciplinary measures, up to and including expulsion or dismissal.

FOR OFFICE USE

Received by: _____ Date received: _____

Action taken: _____ Parent/guardian contacted: _____

Outcome (Circle One): Resolved Unresolved

Incident Type (Circle One): Harassment Bullying Sexual Harassment