



SDOJ BULLYING INCIDENT REPORT

Complete this form and return to the main office to report an incident of bullying.

What is Bullying?

- Repeated acts or threats of physical harm/hurt or psychological distress.
- Can be physical, verbal or social.
- Can include teasing, threatening, and destruction of property or forcing someone to do something against their will.
- Involves real or perceived **imbalance of power** between the person who bullies and their target

School: _____ Date of Complaint: _____

Report Made By: _____ Subject of Bullying: _____

(If different than the reporter):

Name(s) of Accused: _____

Individuals Involved/Possible Witnesses: _____

How often has the bullying occurred? _____

Dates & times of incident(s)? *(Be as specific as possible)* _____

Where did the incident(s) happen? _____

Check All that Apply:

Please describe what happened *(Be as specific as possible):*

- ☐ Physical
- ☐ Cyber-Bullying
- ☐ Verbal
- ☐ Non-Verbal/ Emotional
- ☐ Hazing
- ☐ Bullying by Proxy*
**(behavior through or on behalf of another person)*

What would you like the response to be?

- ☐ I just want someone to be aware.
- ☐ I want an adult to talk to the individual(s) bullying me.
- ☐ I want an adult to help solve the problem.
- ☐ I want to meet as a large group.
- ☐ I want an adult to try to stop the bullying without identifying myself or the bully.

Other (please explain): _____

I certify that all statements made above are true to the best of my knowledge. I understand that if I falsify this document, I can be held subject to consequences at school and by legal authorities (if applicable).

Signature of Student/ Reporter: _____ Date: _____

Signature of School Administrator: _____ Date: _____

As a result of the investigation this report of bullying was: ___ Substantiated ___ Unsubstantiated

Please forward a copy of this form and any correspondence to the family immediately to the Director of Pupil Services