

# STUDENT BULLYING REPORT FORM

Instructions: Please complete form, responding only to the questions that you feel comfortable answering and are able to accurately answer. **You may choose to include your name at the bottom of the form or may submit it anonymously.** Please note that the district's ability to investigate an anonymous complaint may be limited, and the District prohibits retaliation against anyone who files a bullying report.

What happened?	<input type="checkbox"/> <b>Physical:</b> Hitting, kicking, or other physical aggression
	<input type="checkbox"/> <b>Verbal:</b> Teasing, name-calling, put-downs, or other behavior that would hurt others' feelings or make them feel bad
	<input type="checkbox"/> <b>Exclusion:</b> Starting rumors, telling others not to be friends with someone, or other actions that would cause someone to be without friends
	<input type="checkbox"/> <b>Cyberbullying:</b> Using a computer, cell phone, or other electronic device to engage in any previously mentioned bullying
	<input type="checkbox"/> <b>Hazing:</b> Playing of unpleasant tricks on someone or forcing someone to do unpleasant things
	<input type="checkbox"/> <b>Harassment:</b> Annoying or bothering someone in a constant or repeated way
	<input type="checkbox"/> <b>Discrimination:</b> Unfairly treating a person or group of people differently from other people or groups of people
	<input type="checkbox"/> <b>Other:</b> _____
When did it happen?	<input type="checkbox"/> Before school <input type="checkbox"/> During school
	<input type="checkbox"/> After school                      Date: _____ Time: _____ am / pm
Where did it happen?	<input type="checkbox"/> In the school building (specific place: _____)
	<input type="checkbox"/> On the school playground <input type="checkbox"/> Online
	<input type="checkbox"/> In the school parking lot <input type="checkbox"/> On the school bus
	<input type="checkbox"/> At a school event (specific event: _____)
	<input type="checkbox"/> Other ( specify: _____)
Who was committing the bullying (if you don't know the bully's name(s) describe him/her)?	
Who was the victim of the bullying (if you don't know the victim's name(s) describe him/her)?	

Did anyone else witness the bullying (if yes, please list)?  Yes \_\_\_\_\_  
 No  Unsure

Were you or others physically hurt (please explain)?  Yes \_\_\_\_\_  
 No  Unsure

Was there damage to anyone's personal property?  Yes \_\_\_\_\_  
 No  Unsure

Have you or the victim missed any school or made any \_\_\_\_\_  
changes to your daily routine as a result of the incident(s)?  Yes  
 No  Unsure

Have you told anyone about the bullying?  Parent  Teacher  
 Babysitter  Other School Staff: \_\_\_\_\_  
 Brother/sister  Other: \_\_\_\_\_  
 Other family member: \_\_\_\_\_

Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?  
 Yes If so, to whom: \_\_\_\_\_  
 No

I am a  Student  School Employee  Parent/Guardian  Concerned Citizen

Additional comments:

May we contact you?  Yes  No  
Name: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## OFFICE USE ONLY

Incident identified as bullying:  Yes  No If no, why? (conflict, one-time/first incident, etc.) \_\_\_\_\_

If yes, why (check all that apply)  one-sided  repeated  imbalance of power  on purpose  
 unwanted

Determined by counselor, principal or assistant principal (name).  
\_\_\_\_\_

### Administrative Action Taken:

No action needed at the time  Action Taken:

#### Check all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Verbal Warning                                  | <input type="checkbox"/> Referral to counselor  | <input type="checkbox"/> In-school Suspension |
| <input type="checkbox"/> Loss of recess/break                            | <input type="checkbox"/> Mediation              | <input type="checkbox"/> Suspension           |
| <input type="checkbox"/> Law Enforcement Contacted                       | <input type="checkbox"/> After School Detention | <input type="checkbox"/> Expulsion            |
| <input type="checkbox"/> Restriction from after school activities        | <input type="checkbox"/> Other: _____           |   |
| <input type="checkbox"/> Conference with Parent: Date: _____ Time: _____ |   |   |

Parent(s) of Target(s) Contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parent(s) of Perpetrator(s) Contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Coded in Discipline:  Yes  No

Code Used: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_