

BULLYING / INCIDENT REPORT FORM

If you have been the target of bullying or have witnessed the bullying of a District student, complete this form and submit to the building principal. Complaints against building principals should be submitted to the Superintendent. Complaints against the Superintendent should be submitted to the Board of Education. Reports of bullying will be investigated and disciplinary action will be taken as warranted.

Date Filed: _____ Time: _____

Name*: _____

Phone Number(s): _____

Indicate the appropriate response to the following with a check mark(s):

- You are a: Student Parent Employee Volunteer

Date(s) of alleged bullying: _____

Name of student(s) subjected to bullying: _____

Person(s) alleged to have committed the bullying or harassment: _____

Please Circle which behavior you feel this falls under

| CONFLICT | RUDE | MEAN | BULLYING |
|---|--|--|---|
| Occasional | Occasional | Once or Twice | Frequent; repeated |
| Not planned; in the heat of the moment | Spontaneous; unintentional | Intentional | Planned; intentional |
| All parties are upset | Can cause hurt feelings; upset | Can hurt others deeply | The target of the bullying is upset |
| All parties want to work things out | Based in thoughtlessness, poor manners or narcissism | Based in anger; impulsive cruelty | The bully is trying to gain control over the target |
| All parties will accept responsibility | Rude person accepts responsibility | Behavior is often regretted | The bully blames the target |
| An effort is made by all parties to resolve the problem | -- | -- | The target wants to stop the bully's behavior, but the bully does not |
| Can be resolved through mediation | Building social skills could be of benefit | Needs to be addressed; should NOT be ignored | CANNOT be resolved through mediation |

Summarize the incident(s) or occurrence(s) of bullying as accurately as possible. Attach additional sheets or use back side of the form, if necessary.

Names of Witnesses: _____

Have you reported this to anyone else: Yes No. If so, who? _____

*Signature of Complainant _____

***Students have the right to complete this form anonymously. However, it will be easier for the District to investigate this matter if as much information as possible is provided. Submission of a good faith complaint or report of bullying or harassment will not affect the complainant or reporter's future employment, grades, learning, or working environment. A complainant that falsely accuses someone will be subject to disciplinary action.**

This Section is for use of District Administration

Date Received by Administration: _____

Investigative Action taken: _____

Result of Investigation/Action taken: _____

Signature of Administration: _____
