



Westview School Corporation

Parent Bullying Form

Definition of bullying: an overt, unwanted, repeated act or gesture, including written or verbal communications or images transmitted in any manner, physical acts, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other targeted student and create for the targeted student an objectively hostile school environment.

Student Name: _____ **Parent Name:** _____

I'd like this report to be anonymous

Think about your child's recent alleged bullying experience. Describe what happened.

1. How was he/she bullied? (You can check more than one):

- Physically (for example: hit, kicked, pushed, slapped, spat on, had property taken or destroyed, etc.)
- Verbally (for example: teased, mean things were said to me, I was called names, I was threatened)
- Socially/Relationally
(Ex: excluded, ignored, had rumors spread, mean things said about student to others, others were encouraged not to like student)
- Communication Written/Electronic
(Ex: others used computers, email or text to threaten student or make student look bad) ___at school ___outside of school

2. Is this the first time the bullying has been reported? ___yes ___no.

If not the first time, now many times has it been reported? _____ To whom have previous reports been made _____

3. *When* did this bullying take place? *Where*? _____

Has this happened before? When? For how long? _____

4. *Who* did this to the student? _____

5. What was happening before the bullying started? _____

6. State what the bully said/did: _____

7. State what your student said/did: _____

8. *Who* else was around that saw or heard this happen? _____

9. What steps have you already taken to help in this situation? _____

Please note: This alleged incident of bullying will be fully investigated. Sometimes, depending on several circumstances, the investigation may take several days to complete. You will be contacted once the investigation is completed.



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Student Reporting Form

Definition of bullying: an overt, unwanted, repeated act or gesture, including written or verbal communications or images transmitted in any manner, physical acts, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other targeted student and create for the targeted student an objectively hostile school environment.

Person Reporting Bullying _____ **I'd like this report to be anonymous**

Today's date _____ **Classroom Teacher** (of person being bullied) _____

When did the bullying happen? _____

Who do you think was bullied? _____

What **Grade**? _____

Who do you think was bullying? _____

What **Grade**? _____

Type of Bullying (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Called mean names | <input type="checkbox"/> Excluded (left out) | <input type="checkbox"/> Took or damaged something |
| <input type="checkbox"/> Threatened | <input type="checkbox"/> Hit, kicked, punched | <input type="checkbox"/> Told lies/spread rumors |
| <input type="checkbox"/> Cyber-bullying (online/email/text, etc) | <input type="checkbox"/> Racial/offensive comments | |

Where did the bullying happen? (check all that apply)

- | | | | | |
|-------------------------------------|------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> On the Bus | <input type="checkbox"/> Bus Stop | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Going to/from school | <input type="checkbox"/> Online/email/text | |

Is this the first time that this has occurred? **Yes** **No**

Have you filed a Student Bullying Report before? **Yes** **No**

Who has been told about the incident or saw what happened? (Check all that apply)

- | | | | |
|--|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Principal | <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Students | <input type="checkbox"/> Counselor | <input type="checkbox"/> Nobody Yet |

Any other information that you would like to share: