Central Falls School District Bullying Referral and Documentation Form

Name: ___________________________ Grade: _____ Date: ___________ Time: ________

Please answer the following questions:

List the name of the alleged bully, and/or cyberbully. If name is not known, provide any other identifiable information:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Relationship between you and the alleged bully, and/or cyberbully:
_____________________________________________________________________________________

Describe the incident:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

When and where did it happen?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Were there any witnesses? Yes [ ] No [ ]
If yes, who?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
(Statements should be collected from all witnesses)

Other information, including previous incidents or threats:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Were parents notified of the incident(s)/allegation(s)?  Yes [  ] No [  ]

Notes: __________________________________________________________________________________________

I certify that all statements made in the complaint are true and complete. Any intentional false statement of facts will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

**Signatures:**

Student: ____________________________________________ Date: __________

School official receiving complaint: ______________________________________ Date: __________

School official conducting follow-up: ______________________________________ Date: __________

Student or parent declines to complete this form: Initial: ______________ Date: ________________

After the alleged bullying investigation is complete, the below documentation must be completed by appropriate parties. Please refer to the RIDE Bullying Policy for guidance when investigating an alleged bullying incident.

Was evidence discovered that constitutes this incident to be documented as a bullying incident?

Yes [  ] No [  ]

If yes, please provide the evidence below or attach a copy of the evidence.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What steps were taken to ensure a safe environment for the victim(s)?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________