



949 DEXTER STREET, CENTRAL FALLS, RI 02863 | (401) 727-7710 | WWW.CFSCHOOLS.NET

*Victor F. Capellan, Superintendent of Schools*

## **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:**

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

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**Describe the incident:**

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**When and where did it happen?**

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**Were there any witnesses? Yes [ ] No [ ]**

**If yes,**

**who?** \_\_\_\_\_

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*(Statements should be collected from all witnesses)*

**Other information, including previous incidents or threats:**

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**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.**

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

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