



**New Town Public Schools District
Staff Bullying Report Form**



P.O. Box 700
New Town, ND 58763

Instructions:

Please complete both pages, responding to all the questions as accurately as possible. If you are unsure of the answer to any question, please indicate so. School policy allows for the District to take disciplinary action against school staff who have knowledge or reasonable suspicion of a violation of the bullying policy and fail to report it.

Describe what happened or what is happening:

When did it take place? Before school During school After school Unsure

Date: _____ **Time:** _____

Where did it happen? Playground School Building _____

School Parking Lot School Bus School Event _____

Unsure Other _____

Who was committing the bullying (if you are unsure of the bully's name(s) describe him/her)?

Who was the victim of the bullying (if you are unsure of their name describe them)?

How did you learn of the incident? Witnessed it Other: _____

Received a report from the victim: Oral Written (attached)

Received a report from a bystander: Oral Written (attached)

Received a report from a community member: Oral Written (attached)

Received a report from the perpetrator: Oral Written (attached)

Suspected bullying as a result of changes in a student's behavior

Did anyone else witness the bullying? (If yes, please provide the name of the witnesses)

Yes No Unsure

Please list the names of witnesses and/or anyone that may have information about the incident.

Were students/others physically hurt? (If so, please explain) _____ Unsure _____ No

_____ Yes _____

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

Describe damage _____

Have you noticed a change in the victim's routine (example: attendance patterns changed, grades dropped, avoids certain locations in the school, avoids certain activities)? If yes, please explain.

_____ Yes _____ No _____ Unsure

Describe change _____

If bullying occurred online is there evidence that it was/has cause:

_____ A substantial disruption to the educational environment (e.g., staff prevented from carrying out duties, computer networks shut down change in attendance patterns)

_____ A true threat (a statement that, in light of the circumstances, a reasonable person would perceive as a serious expression of an intent to inflict harm)

_____ Unsure

Explain if possible: _____

In your view, was the incident motivated by any of the following traits (actual or perceived)?

_____ Race _____ Sex (includes sexual orientation) _____ National origin _____ Color

_____ Religion _____ Disability (physical/mental) _____ Unsure _____ N/A

_____ Statues with regard to marriage or public assistance

Was the incident an act of retaliation against an individual who filed a previous bullying report and/or participated in an investigation? _____ Yes _____ No _____ Unsure

Have you reported the incident to law enforcement? _____ Yes _____ No

Your Name _____

Your School: _____

List your contact information: _____

OFFICE USE:

Date Received: _____

Date Investigation Started: _____

Date Investigation Completed: _____

NOTES:

