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)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________