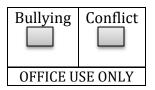
International Falls School District 361





BULLYING REFERRAL FORM

Name	DateSchool/Site
	Are you a victim or a bystander(witness)?
	Are you a parent/guardian or other who is reporting?
	Date/Time the bullying occurred:
	Location of incident:
	Person(s) doing the bullying?
	Describe in detail what happened (use the back if needed)
7.	Were there any witnesses to this incident (is so, please list):
8.	Has this bullying behavior occurred more than once?
	Have you tried to resolve the matter?
	If yes, what have you tried and/or with whom?
10	
10.	
	Parent/Guardian: Yes No Persons name:
	ISD 361 Staff Member: Yes No Persons name: Another individual: Yes No Persons name:
	An ISD 361 student: Yes No Persons name:
C:	
Signa	ture of person filing the referral form:
	e turn this referral report in immediately to the counselor's office, main office, or to a r in your school.
School	use only – Date of receiving bullying referral form:district staff signature and referral recipient:istrator contact signature and date: