

International Falls School District 361



Bullying <input type="checkbox"/>	Conflict <input type="checkbox"/>
OFFICE USE ONLY	

BULLYING REFERRAL FORM

Name _____ Date _____ School/Site _____

1. Are you a victim or a bystander(witness)? _____
2. Are you a parent/guardian or other who is reporting? _____
3. Date/Time the bullying occurred: _____
4. Location of incident: _____
5. Person(s) doing the bullying? _____
6. 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? _____

9. Have you tried to resolve the matter? _____

- If yes, what have you tried and/or with whom? _____

10. Have you previously discussed this incident with someone?

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: _____

Signature of person filing the referral form: _____

*Please turn this referral report in immediately to the counselor's office, main office, or to a teacher in your school.

Office use only – Date of receiving bullying referral form: _____

School district staff signature and referral recipient: _____

Administrator contact signature and date: _____