



Bullying means intimidating, threatening, abusive, or harmful conduct that is objectively offensive and:

1. an actual or perceived balance of power exists between the student engaging in the prohibited conduct and the target of the prohibited conduct, and the conduct is repeated or forms a pattern; or
2. materially and substantially interferes with a student's educational opportunities or performance or ability to participate in school functions or activities or receive school benefits, services, or privileges.

This includes the misuse of technology and electronic communications for the same purpose.

This form is to be used to report alleged incidents of bullying.

Please complete all sections of the form and return to the building administrator. Please Print.

Today's Date: ____/____/____

School: _____

PERSON REPORTING INCIDENT

Name: _____

Telephone: _____ E-mail: _____

Place an **X** in the appropriate box: ☐ Student ☐ Parent/Guardian ☐ School Staff ☐ Other: _____

Date incident(s) occurred: ____/____/____ ____/____/____ ____/____/____

Name of student victims: _____

Name(s) of alleged offender(s) (if known):

Age

School (if known)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Bullying (X all that apply):

☐ Name calling/offensive remarks ☐ Exclusion ☐ Hit, kicked, punched ☐ Told lies/false rumors

☐ Took/damaged possessions ☐ Racial comments ☐ Sexual Comments ☐ Threatened

☐ Other/Explanation: _____

Where did the bullying happen? (X all that apply):

☐ Athletic Field outside ☐ Gymnasium ☐ Bathroom ☐ In class with teacher ☐ In class without teacher

☐ Hallway/lining up ☐ Lunchroom ☐ Bus ☐ Bus Stop ☐ On way to/from school (not on bus)

☐ Other: _____

People the person targeted has spoken to about the bullying incident (X all that apply):

☐ Teacher ☐ Parent/Guardian ☐ Friend ☐ Other adult in school ☐ Other: _____



What did the alleged offender(s) say or do?

Did a physical injury result from this incident?

☐ No ☐ Yes, but it did not require medical attention ☐ Yes, and it required medical attention (please explain)

Medical attention required: _____

Was the target of behavior absent from school as a result of this incident? ☐ Yes ☐ No If yes, how many days? _____

Is there any additional information you would like to provide?

Please Note: The school district is not authorized to disclose private educational or personnel data regarding an alleged perpetrator who is a student or employee of the district. School officials will notify the parent(s) or guardian(s) of students involved in a bullying incident and the remedial action taken, to the extent permitted by law, based on a confirmed report.

Signature of reporter: _____ Date: ____/____/____

INVESTIGATION REPORT

Investigated by: _____ Position: _____

Date: ____/____/____

Final Report of Investigation of bullying complaint by _____
against _____ alleged
offender(s).

In the investigation of the complaint, it is found (check appropriate response):

☐ Found grounds to substantiate the allegations ☐ Did not find grounds to substantiate the allegations
☐ Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action (use additional page if necessary)

Parent/guardian of target contacted? ☐ Yes Date: ____/____/____ ☐ No

Parent/guardian of alleged offender(s) contacted? ☐ Yes Date: ____/____/____ ☐ No

Signature of Investigator: _____ Date: ____/____/____

Signature of Principal: _____ Date: ____/____/____