

Bullying Reporting Form

PERSON REPORTING INCIDENT (Optional) NAME: _____ PHONE NUMBER: _____ E-MAIL: _____
 PLACE an X IN THE APPROPRIATE BOX: Parent/Guardian Close Adult Relative Teacher/Staff Member Administrator /Counselor Bus Driver/Monitor DATE OF REPORT: _____
 PRIOR TO COMPLETING THIS FORM: **Please** review common examples of bullying behaviors located in your child's student agenda book and/or seek assistance from the administrator or school counselor listed at the bottom of this form.

1. NAME OF STUDENT VICTIM(S): _____
2. NAME OF PERSON(S) WHO ARE DOING THE BULLYING BEHAVIORS? _____
3. NAME OF PERSON(S) WHO MAY HAVE WITNESSED THE BULLYING BEHAVIORS? _____
4. LOCATION OF BULLYING INCIDENT: *At a School-Sponsored Event - On School Property On a Bus At a School-Sponsored Event- Off School Property Other: _____
5. DATE/TIME/LOCATION OF BULLYING INCIDENT:

Month / Day / Year	Class Period / Approximate Time	*Place an X in the appropriate box(es)
		<input type="checkbox"/> During a Field Day Activity
		<input type="checkbox"/> In the Restroom / Hallway
		<input type="checkbox"/> On School Computer
		<input type="checkbox"/> On the Bus
		<input type="checkbox"/> While in Class / Gym / Locker Room
		<input type="checkbox"/> While in the Gym or Locker Room
		<input type="checkbox"/> While in the School Cafeteria / UFT
		<input type="checkbox"/> Other Location: _____

6. PLACE AN X NEXT TO THE STATEMENT(S) THAT BEST DESCRIBES WHAT HAPPENED (CHOOSE ALL THAT APPLY):

<input type="checkbox"/> Bullying, harassment, or intimidation that involves physical aggression
<input type="checkbox"/> Getting another person to hit or harm the student
<input type="checkbox"/> Teasing, name-calling, making threats, in person or by other means
<input type="checkbox"/> Demeaning or making the victim of jokes
<input type="checkbox"/> Making rude and/or threatening gestures
<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Intimidating (bullying), extorting or exploiting
<input type="checkbox"/> Spreading harmful rumors or gossip
<input type="checkbox"/> Electronic Communication (specify): _____
<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Repeated Pattern of bullying, harassment, or intimidation that has been previously reported to administration or school counselor (see attachments):

7. What did the alleged bully say or do? _____
8. Why do you feel the bully said or did the things you described? (See X statement #6) _____
9. Would you be interested in participating in our Restorative Justice circles? Yes No Unsure

-----**FOR ADMINISTRATIVE USE ONLY**-----

<input type="checkbox"/> Victim Occurred Physical Injury	<input type="checkbox"/> Victim Absent from Class Class Period = 1 2 3 4 5 6	<input type="checkbox"/> Victim Absent from School # of Days = 1 2 3 4 5
<input type="checkbox"/> Victim Sought Psychological Services	<input type="checkbox"/> Total Level 1 – Level 3 Discipline Referrals on File for Alleged Bully = _____	
<input type="checkbox"/> Victim Received Medical Attention		

Administrator Signature: _____ Counselor Signature: _____ Date: _____
 Number of Suspension Days Assigned: 1 2 3 4 5 6 7 8 9 Tribunal Committee Hearing Date: _____
 Parent/Guardian Contacted: _____ Parent Signature: _____ Date: _____
 Principal Signature or Designee: _____ Date: _____