

Instructions: Please complete **both** pages, responding to all the questions as accurately as possible. If you are unsure of the answer to any question, please indicate so. School policy allows for the District to take disciplinary action against school staff who have knowledge/reasonable suspicion of a violation of the bullying policy and fail to report it.

Describe what happened/what is happening:			
When did it happen?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> Unsure	Date: <input type="text"/> Time: <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	
Where did it happen?	<input type="checkbox"/> School building (list specific room): <input type="text"/> <input type="checkbox"/> On the school playground <input type="checkbox"/> In the school parking lot <input type="checkbox"/> On the school bus	<input type="checkbox"/> Online <input type="checkbox"/> At a school event (list specific event): <input type="text"/> <input type="checkbox"/> Other (please specify): <input type="text"/> <input type="checkbox"/> Unsure	
Who was committing the bullying (if you're unsure of the bully's name(s) describe him/her)?			
Who was the victim of the bullying (if you're unsure of his/her name, describe him/her)?			
How did you learn of the incident?	<input type="checkbox"/> Witnessed it <input type="checkbox"/> Received a report from the victim: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach) <input type="checkbox"/> Received a report from a bystander: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach) <input type="checkbox"/> Received a report from a community member: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach) <input type="checkbox"/> Received a report from the perpetrator: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach) <input type="checkbox"/> Suspected bullying as a result of changes in a student's behavior.		
Did anyone else witness the bullying? <input type="checkbox"/> Yes, please list <input type="checkbox"/> No <input type="checkbox"/> Unsure	Please list names of witnesses and/or anyone that may have information about the incident. <input type="text"/>		

Were students/others physically hurt (please explain)?	<input type="checkbox"/> Yes, explain <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Was there damage to anyone's personal property?	<input type="checkbox"/> Yes, describe <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you noticed a change in the victim's routine (e.g., attendance patterns changed, grades dropped, avoids certain locations in the school)?	<input type="checkbox"/> Yes, explain <input type="checkbox"/> No <input type="checkbox"/> Unsure	
If the bullying occurred online is there evidence that it was/has caused:	<input type="checkbox"/> A substantial disruption to the educational environment (e.g., staff prevented from carrying out duties, computer networks shut down, change in attendance patterns) <input type="checkbox"/> A true threat (a statement that, in light of the circumstances, a reasonable person would perceive as a serious expression of an intent to inflict harm) <input type="checkbox"/> Unsure If applicable, explain: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
In your view, was the incident motivated by any of the following traits (actual or perceived)?	<input type="checkbox"/> Race <input type="checkbox"/> Sex (includes sexual orientation) <input type="checkbox"/> Color <input type="checkbox"/> Status with regard to marriage or public assistance <input type="checkbox"/> Religion <input type="checkbox"/> Disability (physical or mental)	
Was the incident an act of retaliation against an individual who filed a previous bullying report and/or participated in an investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Have you reported the incident to law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your name:	<div style="border: 1px solid black; height: 20px;"></div>	
Your school:	<div style="border: 1px solid black; height: 20px;"></div>	
List your contact information:	Phone: <div style="border: 1px solid black; height: 20px;"></div> Email: <div style="border: 1px solid black; height: 20px;"></div>	

Remember to hit "save" before closing this form. Please print the form, **attach any relevant documentation that you may have**, and return it to the building administrator or his/her superior if the report implicates the building administrator. If the report implicates the Superintendent, return it to the Board President.