

BULLYING
*(Bullying Incident Report Form for Required Reporters—
Employees, Substitutes and Volunteers)*

This form is for use by employees, substitutes and volunteers to report incidents of student bullying.

This form must be completed and provided to _____ within two school days of witnessing or acquiring firsthand knowledge of any bullying incident involving a student. (In the event the person named above is unavailable or is the subject of this report, reports should instead be directed to _____.)

Employees, substitutes and volunteers who did not witness or have firsthand knowledge of an incident of bullying but receive a report from someone who did may also use this form.

Bullying frequently involves repeated behavior. If you have witnessed or have knowledge of more than one incident, please provide information on all incidents. Please feel free to use multiple forms or attach additional pages if necessary to report all related incidents.

Name of Reporter (individual reporting this incident): _____

Position of Reporter: Employee Substitute Volunteer

If the reporter is an employee, include the employee's title/position and assigned building(s):

If the reporter is a substitute or volunteer, please provide contact information: _____

Did you witness this incident? Yes No

If no, provide the specific information as to how you found out about this incident: _____

Details of Incident

1. Date and time the incident took place: Date: _____ Time: _____
(If the exact date and time are uncertain, provide an approximate date and time.)

FILE: JFCF-AF1

Critical

2. Where did the incident take place? *(Be as specific as possible. For example, instead of "the middle school," specify "the sixth-grade section men's bathroom at the middle school.")*

3. Please provide as much of the following information as possible for each student who was the target of the bullying:

Name of Targeted Student	Grade Level	School of Attendance
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4. Please provide as much of the following information as possible for each student who was engaging in the bullying behavior:

Name of Subject of Report	Grade Level	School of Attendance
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Name of Subject of Report	Grade Level	School of Attendance
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Name of Subject of Report	Grade Level	School of Attendance
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5. List the names of others who witnessed or may have witnessed the incident: _____

6. Please describe the incident. (Include as much detail as possible. Do not "clean up" anything that was said or done. If inappropriate language or gestures were used, include the exact language and describe the exact gesture used.) _____

7. Is there any other information you believe is relevant for the district to know when investigating this incident? _____

This report should be accompanied by any applicable evidence that bullying occurred, such as copies of notes, e-mails or photos. If the bullying includes sexting, nudity or inappropriate images of a minor, please do NOT copy, download or further distribute the images! Instead, show the evidence to the principal immediately so that appropriate action can be taken.

A copy of this form should be submitted to: Elementary School Principal

Title: _____

Address: _____

E-mail: _____ Fax: _____

You may also provide information over the phone: _____ [phone number]

Once received, this form will be forwarded to the appropriate staff member for further action.

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