



Staff Bullying Report Form

Instructions: Please complete both pages, responding to all the questions as accurately as possible. If you are unsure of the answer to any questions, please indicate so. School policy allows for the 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: Time:
Where did it happen?	<input type="checkbox"/> In the school building <input type="checkbox"/> In the parking lot <input type="checkbox"/> On the bus <input type="checkbox"/> Other school grounds (list) <input type="text"/>	<input type="checkbox"/> Online <input type="checkbox"/> School Event (list) <input type="text"/> <input type="checkbox"/> Other, spec <input type="text"/>
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?)		
Were other students hurt (please list and explain)?		

How did you learn of the incident?	<input type="checkbox"/> Witnessed it <input type="checkbox"/> Received report from victim, (explain) <input type="checkbox"/> Received report from bystander <input type="checkbox"/> Received report from community member <input type="checkbox"/> Received report from perpetrator <input type="checkbox"/> Suspected bullying as a result of change in a student's behavior *Attach any written reports and describe how report was received (oral, written, call etc): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Was there damage to anyone's personal property?	<input type="checkbox"/> Yes, describe <input type="checkbox"/> No <input type="checkbox"/> Unsure <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Did anyone else witness the bullying? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list names of witnesses and/or anyone that may have information about the incident. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Have you noticed a change in student's behavior/routine/friends/etc.?	Please describe: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
If the bullying occurred online, is there evidence that it was or has caused :	<input type="checkbox"/> A substantial disruption to the educational environment (e.g., staff prevented from carrying out duties, computer networks shut down, changes in attendance). <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, please explain: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
In your view, was the incident motivated by any of the following traits (actual or perceived)?	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Race</div> <div style="width: 50%;"><input type="checkbox"/> Status (regard to marriage/public assistance)</div> <div style="width: 50%;"><input type="checkbox"/> Color</div> <div style="width: 50%;"><input type="checkbox"/> Disability</div> <div style="width: 50%;"><input type="checkbox"/> Religion</div> <div style="width: 50%;"><input type="checkbox"/> National Origin</div> <div style="width: 50%;"><input type="checkbox"/> Sex (includes orientation)</div> <div style="width: 50%;"><input type="checkbox"/> Unsure</div> <div style="width: 50%;"><input type="checkbox"/> N/A</div> </div> Comments: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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:	<input type="text"/>
Your school:	<input type="text"/>
List your contact information:	Phone: <input type="text"/> Email: <input type="text"/>

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 supervisor if the report implicates the building administrator. If the report implicates the Superintendent, return it to the Board President.