

BULLYING
(Bullying Incident Report Form for Use by Parents, Students and Community Members)

Reporter (Person Filing the Report)

Name: _____ Date Filed: _____

Address: _____

Phone Number: _____ E-mail: _____

Relationship to the student being bullied (*parent/guardian, fellow student, community member, etc.*):

I prefer to remain anonymous. (*The district will investigate all allegations of bullying, but it is more difficult to follow up on anonymous reports.*)

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.

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.*)

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

Name of Targeted Student Grade Level School of Attendance

Name of Targeted Student	Grade Level	School of Attendance
--------------------------	-------------	----------------------

Name of Targeted Student	Grade Level	School of Attendance
--------------------------	-------------	----------------------

Name of Targeted Student	Grade Level	School of Attendance
--------------------------	-------------	----------------------

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
---------------------------	-------------	----------------------

Name of Subject of Report	Grade Level	School of Attendance
---------------------------	-------------	----------------------

Name of Subject of Report	Grade Level	School of Attendance
---------------------------	-------------	----------------------

Name of Subject of Report	Grade Level	School of Attendance
---------------------------	-------------	----------------------

Name of Subject of Report	Grade Level	School of Attendance
---------------------------	-------------	----------------------

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:

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.

Adopted: December 19, 2016

Fort Zumwalt School District, O'Fallon, Missouri