

**Placentia-Yorba Linda Unified School District  
Student Support Services**

**Bullying Report and Incident Form**

**Definition:** Bullying, defined as any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act, that has the effect of or can reasonably be predicted to have the effect of:

- *Placing a reasonable pupil in fear of **harm to his or her person or property**;*
- *Causing a reasonable pupil to experience a substantially detrimental effect on his or her **physical or mental health**;*
- *Causing a reasonable pupil to experience substantial interference with his or her **academic performance**; or*
- *Causing a reasonable pupil to experience substantial interference with his or her **ability to participate in or benefit from the services, activities, or privileges provided by a school**.*

These acts are intentional and are conducted in the context of an imbalance of power; for example the offender is significantly older, stronger or a group of students are doing it to a single student. Such acts are prohibited and will not be tolerated. This includes the misuse of technology for the same purpose.

**Directions:** This form is to be used to report alleged incidents of bullying by the **student, student witness, parent/guardian, relative, or school staff**. Please complete all sections of the form and return to the Principal/Supervisor. Please print.

Date: \_\_\_\_\_ School Name: \_\_\_\_\_

<b>PERSON REPORTING INCIDENT</b>	
Name: _____	
<input type="checkbox"/> Student <input type="checkbox"/> Student (witness/bystander) <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Close adult relative <input type="checkbox"/> School staff	
Telephone: _____	Email: _____

Date(s) incident(s) occurred:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month / Day / Year      Month / Day / Year      Month / Day / Year

Name of student victim(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Name(s) of alleged offender(s) (If known):	Age(s)	School (s) (if known)	Is he/she a student? (Yes or No)

**Type of Behavior** (check all that apply):

- |  |                                     |   |  |  |
|--|-------------------------------------|---|--|--|
| <input type="checkbox"/> Name calling/ offensive remarks | <input type="checkbox"/> Exclusion  | <input type="checkbox"/> Hit, kicked, punched | <input type="checkbox"/> Told lies / false rumors    | <input type="checkbox"/> Racial comments |
| <input type="checkbox"/> Took/damaged possessions        | <input type="checkbox"/> Threatened | <input type="checkbox"/> Sexual comments      | <input type="checkbox"/> Electronic (Please explain) |  |

**Other (Explain):** \_\_\_\_\_

**Where did the incident(s) happen** (check all that apply):

- |  |                                     |   |   |                                   |
|--|-------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> Field         | <input type="checkbox"/> Hallway    | <input type="checkbox"/> In class with teacher    | <input type="checkbox"/> Bathroom       | <input type="checkbox"/> Bus      |
| <input type="checkbox"/> Line-up areas | <input type="checkbox"/> Lunch Area | <input type="checkbox"/> In class without teacher | <input type="checkbox"/> To/from school | <input type="checkbox"/> Bus stop |

**Other (Explain):** \_\_\_\_\_

**People the victim has spoken to about the incident** (check all that apply):

- |                                  |  |  |                                  |                                 |                                 |
|----------------------------------|--|--|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Other Adult at School | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Sibling | <input type="checkbox"/> Friend | <input type="checkbox"/> Other: |
|----------------------------------|--|--|----------------------------------|---------------------------------|---------------------------------|

**What did the alleged offender(s) say or do?** (Attached statement required).

**Did a physical injury result from this incident?**

- |                             |  |  |
|-----------------------------|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, but it did not require medical attention | <input type="checkbox"/> Yes, and it required medical attention (please explain) |
|-----------------------------|--|--|

Medical attention required: \_\_\_\_\_

Was the student victim absent from school as a result of this incident?

Yes

No

If yes, how many days was the student victim absent from school as a result of the incident?

\_\_\_\_\_

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Is there any additional information you would like to provide?

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**Please Note:** The school district is not authorized to disclose to a victim, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of student involved in a bullying incident and the remedial action taken, to the extent permitted by law, based on a confirmed report.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please check if you would like to remain anonymous.

**Student Support Services**  
**Bullying Incident Investigation Form**

**Directions:** This form is to be completed by **Principal, Assistant Principal, or Designee within 10 school days.** Please complete all sections of the form and return to the Principal. Please return **both** forms to Student Support Services Office. Please print.

**I. INVESTIGATION**

Investigator \_\_\_\_\_ Date \_\_\_\_\_  
(Name and Position)

Interviews:	Name:	Date:
Interviewed alleged offender		
Interview the victim		
Interviewed Witnesses		

Any prior documented incidents by the alleged offender?  Yes  No

If yes, have incidents involved the victim or victim's group previously?  Yes  No

If yes, have incidents involved the victim or victim's group previously?  Yes  No

Any previous incidents with findings of BULLYING RETALIATION by the alleged offender?  Yes  No

**Summary of Investigation:**

(Please use additional paper and attach to this document as needed)

**II. CONCLUSIONS FROM THE INVESTIGATION**

1. Was there a finding of bullying or retaliation?  Yes  No

Bullying Incident documented as: \_\_\_\_\_  
 Retaliation Discipline referral only: \_\_\_\_\_

2. Who did you contact? Name and Date Name and Date

Victim's parent/guardian: \_\_\_\_\_ Alleged offender's parent/guardian: \_\_\_\_\_  
Student Support Services: \_\_\_\_\_ Law Enforcement: \_\_\_\_\_

3. Action Taken:

Loss of Privileges  Detention  Rtl/PBIS Referral  Suspension  
 Community Service  Education  Other :

4. Describe Safety Planning to Prevent Future Occurrences:

Follow-up with victim scheduled for		Initial and date when completed	
Follow-up with alleged offender scheduled for		Initial and date when completed	
Report forwarded to Principal (If Principal was not the investigator)		Report forwarded to Student Support Services	