



CENTER JOINT UNIFIED SCHOOL DISTRICT

Report of Suspected Student Bullying

Definition of bullying: Bullying is when someone repeatedly and on purpose says or does mean or hurtful things to another person who has a hard time defending himself or herself.

Directions: Complete this form to report student behavior concern. Please forward to an administrator immediately.

An investigation will be conducted to determine what occurred and if corrective actions are needed.

Date of Alleged Incident(s):		School
Name of student allegedly targeted:		Grade:
Name of other student involved:		Grade:
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Name of other student involved:		Grade:
What happened? (choose all that apply)		
<input type="checkbox"/> Direct physical aggression/fighting	<input type="checkbox"/> Excluding or rejecting the student	
<input type="checkbox"/> Getting another person to hit or harm student	<input type="checkbox"/> Sexual name calling	
<input type="checkbox"/> Teasing, name-calling, threatening	<input type="checkbox"/> Intimidating, exploiting or extorting	
<input type="checkbox"/> Making rude or threatening gestures	<input type="checkbox"/> Spreading harmful rumors or gossip	
<input type="checkbox"/> Using racial or religious slurs	<input type="checkbox"/> Other: _____	
Where did the incident happen? (choose all that apply)		
<input type="checkbox"/> Classroom	<input type="checkbox"/> Restroom	<input type="checkbox"/> Off school property
<input type="checkbox"/> Hallway	<input type="checkbox"/> Playground/field	<input type="checkbox"/> Email/text/computer
<input type="checkbox"/> Lunch room	<input type="checkbox"/> Field trip/activity/event	<input type="checkbox"/> Other: _____
When did the incident happen?		
<input type="checkbox"/> During class time	<input type="checkbox"/> Recess	<input type="checkbox"/> Lunchtime
<input type="checkbox"/> Passing period	<input type="checkbox"/> Before/after school	<input type="checkbox"/> Other: _____
Please indicate if the incident targeted a student with these actual or perceived characteristics:		
<input type="checkbox"/> Physical Difference	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Special needs or disability
		<input type="checkbox"/> Non-dominant race, color or national origin
		<input type="checkbox"/> Other: _____

Please describe the incident in more detail. (Please attach a sheet if more space is needed)

Person Reporting Alleged Incident		
Name:	Phone:	Title:
Person Completing Form		
Name:	Phone:	Title:
Signature:	Date Completed:	

Maintain copy of all related documents and record in student information system.