

# I.S.D. #36 REPORT OF STUDENT BULLYING FORM

*Kelliher School maintains firm policies prohibiting bullying toward students. Use this form to report an incident where you have reasonable grounds to believe a student has violated the policy.*

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Bus: \_\_\_\_\_

Name of person filing complaint: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of person allegedly violating the policy: \_\_\_\_\_ Grade: \_\_\_\_\_

Witness(es) who saw the incident: \_\_\_\_\_

1. Describe the incident stating facts clearly. Describe any physical force. Write down any verbal statements as exactly as possible. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue on separate sheet of paper if necessary)

Telephone #: \_\_\_\_\_ Signature: \_\_\_\_\_

2. The outcome of the investigation determined that violation of our policy: \_\_\_did \_\_\_did not occur.

3. Discipline Action: (date - action)

\_\_\_\_\_ education on District Policy & verbal warning

\* this education method will not be repeated (progressive discipline)

\_\_\_\_\_ dismissal for remainder of the day

\_\_\_\_\_ suspension for \_\_\_ days

\_\_\_\_\_ parents notified \_\_\_ phone \_\_\_ letter

\_\_\_\_\_ conference with student

\_\_\_\_\_ conference with student and parents

\_\_\_\_\_ meeting with classroom teacher and request that behavior be monitored

\_\_\_\_\_ referral to \_\_\_ social worker \_\_\_ counselor

\_\_\_\_\_ I.E.P. / Special Education meeting scheduled

4. Notes: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ By:

Principal

Teacher

Counselor

Other

\_\_\_\_\_  
Dean of Student's Signature (required on all reports)

Send a copy to: **DISTRICT #36 SUPERINTENDENT- Telephone: 647-8286**