Bullying includes aggressive and hostile behavior that is intentional and involves an imbalance of power between the bully and the bullied. This behavior may include but is not limited to physical and verbal assaults, nonverbal or emotional threats or intimidation, harassment, social exclusion and isolation, extortion, use of computer or telecommunications to send messages that are embarrassing, slanderous, threatening or intimidating (cyber-bullying). Bullying may also include teasing, put-downs, name calling, rumors, false accusations, and hazing. Bullying based on sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, gender identity, gender expression or physical, mental, emotional or learning disability or handicap in its education programs or activities is also prohibited by law and Board policy.

**BULLYING ALLEGATION REPORT FORM**

**Date of Report:** Click here to enter a date.

**Student(s) Displaying Bullying Behavior:**

Name: Click here to enter text. Teacher: Click here to enter text.

Name: Click here to enter text. Teacher: Click here to enter text.

Location of Incident: Click here to enter text.

Date of Incident: Click here to enter a date. Time of Incident: o enter text.

**Victim(s) of Bullying Behavior:**

Name: Click here to enter text. Teacher: Click here to enter text.

Name: Click here to enter text. Teacher: Click here to enter text.

**Incident Description** Click here to enter text.

**Was this incident reported to staff at school**?  Yes, date: Click here to enter a date. No

**Have these aggressive and/or hostile behaviors happened on more than one occasion?**

Yes, reported date Click here to enter a date.

Yes, did not report it.

No

**Overall, does student feel safe at school?** Yes  No

**Do student feel he/she can stand up to person doing aggressive and/or hostile behaviors?**

Yes  No

**Witness(es) to Incident:**

Name: Click here to enter text. Teacher: Click here to enter text.

Involvement: Click here to enter text.

Name: Click here to enter text. Teacher: Click here to enter text.

Involvement: Click here to enter text.

**Person(s) Completing Form (optional)**

Click here to enter text.

anonymous  parent  student  community member  other please define Click here to enter text.

**Provide form to the building administrator/designee to investigate and determine if bullying occurred.**

**Date Report Received:** Click here to enter a date.

**6/10/15**