



• UNION SCHOOL DISTRICT •

11232 El Camino Real, San Diego, CA 92130 – Ph: (858) 755-9301- Fax: (858) 523-6114

## BULLYING REPORT AND INCIDENT FORM

### CONFIDENTIAL

Bullying, means any severe or pervasive physical or verbal act of conduct, including communications made in writing or by means of an electronic act, and including one or more acts committed by a pupil or group of pupils directed toward one or more pupils that has or can be reasonably predicted to have the effect of one or more of the following: (a) Placing a reasonable pupil or pupils in fear of harm to that pupil's or those pupils' person or property. (b) Causing a reasonable pupil to experience a substantially detrimental effect on his or her physical or mental health. (c) Causing a reasonable pupil to experience substantial interference with his or her academic performance. (d) 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. Bullying is expressly prohibited and will not be tolerated. This includes the misuse of technology for the same purpose. This form is to be used to report alleged incidents of bullying. Please complete all sections of the form and return to the Building Principal/Supervisor. Please print.

|                      |  |                |  |
|----------------------|--|----------------|--|
| <b>Today's Date:</b> |  | <b>School:</b> |  |
|----------------------|--|----------------|--|

#### Person Reporting Incident

|              |  |               |  |               |  |
|--------------|--|---------------|--|---------------|--|
| <b>Name:</b> |  | <b>Phone:</b> |  | <b>Email:</b> |  |
|--------------|--|---------------|--|---------------|--|

**Place an X in the appropriate box:**  
 Student     Student (witness/bystander)     Parent/guardian     Close adult relative     School staff

**Date(s) incident(s) occurred:**    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

|                           |  |             |  |
|---------------------------|--|-------------|--|
| <b>Name of victim(s):</b> |  | <b>Age:</b> |  |
|---------------------------|--|-------------|--|

| <b>Name(s) of alleged offender(s) (if known):</b> | <b>Age</b> | <b>School (if known)</b> | <b>Is he/she as student?</b> |                             |
|---|------------|--------------------------|------------------------------|-----------------------------|
|   |            |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |            |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |            |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |            |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### Type of Bullying (X all that apply):

Name calling/offensive remarks     Exclusion     Hit, kicked, punched     Told lies or false rumors     Threatened  
 Electronic communications     Racial Comments     Sexual comments     Took/damaged possessions  
(please explain):

**Other/Explanation:** \_\_\_\_\_

#### Where did the bullying happen? (X all that apply):

Field     Hallway     In class with teacher     In class without teacher     Bathroom  
 Line-up areas     Lunchroom     To/from school     Bus stop     Bus  
 Other: \_\_\_\_\_

#### People the victim has spoken to about the bullying incident (X all that apply):

Teacher     Other adult at school     Parent/guardian     Sibling     Friend     Close adult relative

#### What did the alleged offender(s) say or do?

\_\_\_\_\_

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

No     Yes, but it did not require medical attention     Yes, and it required medical attention (please explain)

|   |  |
|---|--|
| <b>Medical attention required:</b>  |  |
| <b>Was the student victim absent from school as a result of the incident?</b>                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If yes, how many days was the student victim absent from school as a result of the incident?</b> |  |
| <b>Is there any additional information you would like to provide?</b>                               |  |
|   |  |

**Please Note:** This form is an internal document used by administrators to investigate reports of bullying. As such, it is not maintained in student cumulative files and is not considered a student record. Should a student receive discipline as a result of this report, a separate student discipline form will be completed and entered into the student's file for the period of time prescribed by law. The District is not authorized to disclose private educational information or personal data of an alleged perpetrator who is a student or employee of the District to either the victim or victim's family. However, the District will notify and share information with the parent or guardian of each student involved in a reported bullying incident to the extent permissible by law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**INVESTIGATION REPORT**

|   |                              |                                      |                             |
|---|------------------------------|--------------------------------------|-----------------------------|
| <b>Investigated by:</b>   |                              | <b>Position:</b>                     |                             |
| <b>Date:</b>  |                              |                                      |                             |
| Final Report of Investigation of bullying complaint by _____ against<br>_____, alleged offender.  |                              |                                      |                             |
| In my/our investigation of the complaint, it is found (check appropriate response):   |                              |                                      |                             |
| <input type="checkbox"/> Found grounds to substantiate the allegations<br><input type="checkbox"/> Did not find grounds to substantiate the allegations<br><input type="checkbox"/> Did not find enough information to make a judgment on the allegations |                              |                                      |                             |
| <b>Summary of investigation, findings, and disciplinary action:</b>   |                              |                                      |                             |
|   |                              |                                      |                             |
| <b>Parent/Guardian contacted?</b>   | <input type="checkbox"/> Yes | Date: ____/____/____<br>(MM/DD/YYYY) | <input type="checkbox"/> No |

**Signature of Investigator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If not Investigator)

**Supports offered to victim:** \_\_\_\_\_

**Safety Plan Developed?**  Yes  No **Date:** \_\_\_\_\_