STAFF BULLYING

Instructions: Please complete **both** pages, responding to all the questions as accurately as possible. If you are unsure of the answer to any question, please indicate so. School policy allows for the District to take disciplinary action against school staff who have knowledge/reasonable suspicion of a violation of the bullying policy and fail to report it.

Describe what happened/what is happening:	
When did it happen?	☐ Before school ☐ During school ☐ After school ☐ Unsure Date: Time: ☐ am ☐ pm
Where did it happen?	☐ School building (list specific room): ☐ On the school playground ☐ In the school parking lot ☐ On the school bus ☐ Online ☐ At a school event (list specific event): ☐ Other (please specify): ☐ Unsure
Who was committing the bullying (if you're unsure of the bully's name(s) describe him/her?	
Who was the victim of the bullying (if you're unsure of his/her name, describe him/her)?	
How did you learn of the incident?	☐ Witnessed it ☐ Received a report from the victim: ☐ Oral ☐ Written (attach) ☐ Received a report from a bystander: ☐ Oral ☐ Written (attach) ☐ Received a report from a community member: ☐ Oral ☐ Written (attach) ☐ Received a report from the perpetrator: : ☐ Oral ☐ Written (attach) ☐ Suspected bullying as a result of changes in a student's behavior.
Did anyone else witness the bullying? ☐ Yes, please list ☐ No ☐ Unsure	Please list names of witnesses and/or anyone that may have information about the incident.

Were students/others physically hurt (please explain)?	☐ Yes, explain ☐ No ☐ Unsure	
Was there damage to anyone's personal property?	☐ Yes, describe ☐ No ☐ Unsure	
Have you noticed a change in the victim's routine (e.g., attendance patterns changed, grades dropped, avoids certain locations in the school)?	☐ Yes, explain ☐ No ☐ Unsure	
If the bullying occurred online is there evidence that it was/has caused:	☐ A substantial disruption to the educational environment (e.g., staff prevented from carrying out duties, computer networks shut down, change in attendance patterns) ☐ A true threat (a statement that, in light of the circumstances, a reasonable person would perceive as a serious expression of an intent to inflict harm) ☐ Unsure If applicable, explain:	
In your view, was the incident motivated by any of the following traits (actual or perceived)?	☐ Race ☐ Color ☐ Religion	☐ Sex (includes sexual orientation) ☐ Status with regard to marriage or public assistance ☐ Disability (physical or mental) ☐ National origin ☐ N/a ☐ Unsure
Was the incident an act of retaliation against an individual who filed a previous bullying report and/or participated in an investigation?	☐ Yes ☐ No ☐ Unsure	Have you reported the incident to law enforcement? ☐ Yes ☐ No
Your name:		
Your school:		
List your contact information:	Phone: Email:	

Remember to hit "save" before closing this form. Please print the form, **attach any relevant documentation that you may have**, and return it to the building administrator or his/her superior if the report implicates the building administrator. If the report implicates the Superintendent, return it to the Board President.