

Fond du Lac School District
Bullying Incident Report

Status of person making this report: Student Parent Staff Other

Name of person making the report _____ Phone _____

Name of Victim(s) _____ Grade: _____ Gender: _____

Race of Victim:

- | | |
|---|---|
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Unknown/Not listed |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multiracial |

School: _____ Date of Incident: _____

Name(s) of accused Bully(ies): _____ Grade _____

_____ Grade _____

_____ Grade _____

Type of Incident:

- Physical (e.g. assault, hitting or punching, kicking, theft)
- Verbal (e.g. threatening or intimidating language, teasing or name-calling, racist remarks)
- Indirect (e.g. spreading rumors, intimidation through gestures, social exclusion and sending insulting messages or pictures by mobile phone or using the internet)
- Cyberbullying

Time of Incident:

- During the school day
- Outside of the school day, but during school-related activities
- Outside of the school day or during non-school-related activities

Location of the Incident:

- | | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Library | <input type="checkbox"/> Bus | <input type="checkbox"/> On the way to/from school |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Other: _____ | | |

Describe the bullying incident:

Signature of Reporter: _____ Date: _____

Person Receiving the Complaint: _____ Date: _____

Bullying Incident Report, continued

Part 2: Investigation & Intervention – (To be completed by administration only)

Please identify the Investigative Action taken by school staff following the receipt of a Bullying Incident Report:

- Conference with victimDate: _____
- Conference with accused bully(ies).....Date: _____
- Conference with parent(s).....Date: _____

Comments: _____

Name of victim	Race of victim (verified in Skyward)

Name of bully	Race of bully (verified in Skyward)

Identify the level of intervention and action taken by school personnel following the Investigative Action:

***** Check only One Level*****

- Level 1 – Describe & Respond:** Appropriate response to the **first incident/or lower severity incident**

REQUIRED:

- Conference with school personnelDate: _____
- Completion of a self-reflection activity.....Date: _____

OPTIONAL:

- Completion of a social learning activity.....Date: _____
- Completion of a restorative activity..... Date: _____
- Other consequence: _____

- Level 2 – Confront & Prohibit:** Appropriate response **when student has already experienced a Level 1 intervention/or severity is more intense**, with a persistent pattern of bullying behavior towards other students.

REQUIRED:

- Conference with school personnel & studentDate: _____
- Parental contact by telephone.....Date: _____
- Completion of a self-reflection activity.....Date: _____
- Completion of a social learning activity.....Date: _____
- Letter to parent documenting parental contact.....Date: _____

OPTIONAL:

- Completion of a restorative activity..... Date: _____
- Other consequence: _____

- Level 3 – Report & Refer:** may follow **Levels 1 and 2 sequentially or initiated immediately due to severity**

REQUIRED:

- Conference with school personnel & student Date: _____
- Parental contact by telephone..... Date: _____
- Completion of a self-reflection activity..... Date: _____
- Completion of a social learning activity..... Date: _____
- Completion of a restorative activity..... Date: _____
- Consequence deemed appropriate by personnel.....Date: _____
Please identify: _____
- Sanction (loss of privileges, restrictions).....Date: _____
Please identify: _____
- Conference with parent(s).....Date: _____
- Development of a formal bullying intervention plan....Date: _____
- Letter to parent documenting parental contact..... Date: _____

Comments: _____

Completed form shall be given to the school administrator and a copy sent or faxed (906-6563) to School Health and Safety Programs