

**Distrito Escolar de Fond du Lac**  
**Reporte de Incidentes de Bullying/Intimidación**

La persona que hace este informe:  Estudiante  Padre  Personal de la Escuela  Otro

Nombre de la persona que hace el reporte \_\_\_\_\_ Teléfono \_\_\_\_\_

Nombre de la víctima (s): \_\_\_\_\_ Grado: \_\_\_\_\_ Sexo: \_\_\_\_\_

Raza de la víctima:

- |  |  |
|--|--|
| <input type="checkbox"/> Indios americanos / nativos de Alaska | <input type="checkbox"/> Nativo de Hawai / Islas del Pacífico  |
| <input type="checkbox"/> Asiático                              | <input type="checkbox"/> Blanco                                |
| <input type="checkbox"/> Negro / Afro Americano                | <input type="checkbox"/> Desconocido / No incluido en la lista |
| <input type="checkbox"/> Hispano/Latino                        | <input type="checkbox"/> Multirracial                          |

Escuela: \_\_\_\_\_ Fecha del Incidente: \_\_\_\_\_

Nombre(s) del acusado(s) de Bully: \_\_\_\_\_ Grado \_\_\_\_\_

\_\_\_\_\_ Grado \_\_\_\_\_

\_\_\_\_\_ Grado \_\_\_\_\_

Tipo de incidente:

- Físico (por ejemplo, asalto, golpes o puñetazos, patadas, robo)
- Verbal por ejemplo, amenazas o lenguaje intimidante, bromas o insultos, comentarios racistas)
- Indirectos (por ejemplo, regando/ divulgando rumores, la intimidación a través de gestos, la exclusión social y el envío de insultos o imágenes por teléfono móvil o el Internet)
- Acoso cibernético

Hora del incidente:

- Durante el día escolar
- Fuera del horario escolar, pero durante actividades escolares
- Fuera del horario escolar o durante actividades no relacionadas con la escuela

Lugar del incidente:

- |   |                                      |   |   |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Pasillo        | <input type="checkbox"/> Biblioteca  | <input type="checkbox"/> Aula/salon de clases | <input type="checkbox"/> En el camino a / de la escuela |
| <input type="checkbox"/> Zona de juegos | <input type="checkbox"/> Otro: _____ |   |   |
| <input type="checkbox"/> Gimnasio       | <input type="checkbox"/> Baño        |   |   |
| <input type="checkbox"/> Cafeteria      | <input type="checkbox"/> Bus         |   |   |

Describe el incidente de Intimidación/bullying:

Firma de la Persona haciendo el Reporte: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma de la Persona Recibiendo la queja: \_\_\_\_\_ Fecha: \_\_\_\_\_

*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 victim .....Date: \_\_\_\_\_
- 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 personnel .....Date: \_\_\_\_\_
- 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 & student .....Date: \_\_\_\_\_
- 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**