

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)

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

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 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