

Bullying Referral Form

Name: (person reporting) _____ Teacher: _____ Date: _____

Name(s) of victim(s):	Name(s) of student(s) bullying:	Name(s) Witnesses/Bystanders:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date when bullying happened: _____

Frequency: (circle) First time Second Time Frequently On-Going

Type of Bullying (circle all that apply):

- | | | | |
|-------------------|--------------------------|------------------------|---------------------------|
| Called Mean Names | Excluded | Hit, Kicked, Punched | Told Lies or False Rumors |
| Threatened | Inappropriate Comments | Inappropriate Gestures | Inappropriate Touching |
| Cyber-Bullying | Took/Damaged Possessions | | |

Other (explain): _____

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

- | | | | |
|------------|--------------|-----------------------|-----------------|
| Playground | Hallway | In class with Teacher | Lunchroom |
| Bathroom | Line-up area | To/From School | Computer/Online |
| Bus Stop | Bus | Phone | Other: _____ |
-

What did you try?

- | | | | |
|-----------|--------|---------------------|-----------|
| Walk away | Ignore | Tell them to "STOP" | Seek Help |
|-----------|--------|---------------------|-----------|
-

People the Victim has spoken to about the bullying incident (list all that apply):

Teacher: _____ Other Adult at School: _____

Parent/Guardian: _____ Sibling/ Friend: _____

Explain what happened:

For office use only:

Investigation Process (Please circle):

Investigated ? Yes No If yes, name(s) of investigating administrator(s): _____

School staff that was aware of the situation? Teacher Parent Bus Driver Support Staff Counselor

Did the administrator(s) investigate? Yes No

Did the administrator(s) make a determination? Yes No

Did the administrator(s) take action? Yes No

Action taken (please circle): student contact teacher contact parent contact

Counselor referral consequence detention

Restitution mediation other _____

Repeat Offender: yes No

Comments/Notes: