

LITTLE CHUTE AREA SCHOOL DISTRICT
Report of a Bullying/Harassment Incident

Directions: Please answer these questions as honestly and specifically as you can. The situation will be handled as confidentially as possible. Return this completed form to your child's school principal.

REPORTING PERSON'S INFORMATION:

Name: Date: Phone:
E-mail: Grade, if student: Teacher, if student:
Preferred Method of Contact: E-mail Phone

Name of Victim: Grade: Teacher:

1. Name of person who is bullying/harassing:

2. Please explain the situation:

3. Where did the incident happen?

4. Name(s) of Witness(es), if any: Grade(s):

5. How long has the bullying/harassing been occurring?

6.

7. Have you talked to anyone about this (student, teacher, other adult)? Yes No Name:

8. Whom would you like to contact you about this problem?

9. What would you like to see happen now? (check all that apply)
- I just want someone to know.
 - I want an adult to talk to the person who is bullying/harassing.
 - I want an adult to help me, or the person(s) doing the bullying/harassing, to solve the problem.
 - I want an adult to try stop the bullying/harassment.

PRINCIPAL/STAFF FOLLOW-UP:

_____ Date I first met with reporting student/individual
_____ Date I followed up with person(s) doing the bullying/harassing
_____ Date I followed up with reporting student/individual

Principal/Staff Signature

Date

Reporting Student/Individual Signature

Date

Log of follow-up on this incident:

Consequence(s):

Verbal Warning

Mediation

Parent/Guardian Contact

In-School Detention

Other:

In/Out-of-School Suspension

Citation Issued

Pre-Expulsion Discipline Hearing

Expulsion

_____ **Date and initial** if filed and entered into PowerSchool under the bully or harassment tab

_____ **Date and initial** if this is a report of sexual harassment. It must be reported to the District Administrator.