

# Woodland Joint Unified School District

## Bullying Investigation

Suspected Bullying Report – CONFIDENTIAL

Complete this form if you have credible information regarding a bullying incident.  
Please forward to the site administrator *immediately*.

Person reporting alleged incident: OR  Anonymous reporter

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Incident(s): \_\_\_\_\_ School: \_\_\_\_\_

Name of Student Targeted: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student Aggressor(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Place an X next to the statement(s) that best describes what happened (choose all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Hitting                          | <input type="checkbox"/> Spreading Rumors             |
| <input type="checkbox"/> Shoving                          | <input type="checkbox"/> Internet Posting             |
| <input type="checkbox"/> Kicking                          | <input type="checkbox"/> Electronic Messaging         |
| <input type="checkbox"/> Name-Calling                     | <input type="checkbox"/> Slam Book                    |
| <input type="checkbox"/> Taking Property                  | <input type="checkbox"/> Exclusion                    |
| <input type="checkbox"/> Destroying Property              | <input type="checkbox"/> Social Cruelty (LIST): _____ |
| <input type="checkbox"/> Other Physical Act (LIST): _____ |   |

Where did this incident take place?

- |  |  |
|--|--|
| <input type="checkbox"/> Bus Stop                  | <input type="checkbox"/> Cafeteria           |
| <input type="checkbox"/> Bus                       | <input type="checkbox"/> Classroom           |
| <input type="checkbox"/> Playground/Athletic Field | <input type="checkbox"/> Locker Room         |
| <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> Other (LIST): _____ |

When did this incident take place?

Date/time: \_\_\_\_\_

Date/time: \_\_\_\_\_

Date/time: \_\_\_\_\_

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Briefly describe sequentially what occurred (use additional paper as needed):

Person completing form, if not anonymous:

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_