

**WOODLAND JOINT UNIFIED SCHOOL DISTRICT
Report of Suspected Bullying**

DATE: _____

___ Person reporting alleged incident OR ___ anonymous reporter

Directions: Complete this form to report alleged bullying. Please complete this form and submit it to the site administrator. An investigation will be conducted to determine if bullying occurred and corrective actions needed.

Timeline for Response: Site administrator will contact the person making the report within 2 school days from receipt of this report. Site administration has 10 school days to complete the investigation and report outcomes. If you are not satisfied with the outcome of the investigation, you have the right to file a complaint under the Uniform Complaint Procedures.

Date of Alleged Incident(s): _____	School _____
Name of Student Targeted: _____	Grade: _____
Name of Student Aggressor(s): _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

What happened? (chose all that apply)

<input type="checkbox"/> Direct physical aggression/fighting <input type="checkbox"/> Getting another person to hit or harm student <input type="checkbox"/> Teasing, name-calling, threatening <input type="checkbox"/> Making rude or threatening gestures <input type="checkbox"/> Using racial or religious slurs	<input type="checkbox"/> Excluding or rejecting the student <input type="checkbox"/> Sexual name calling <input type="checkbox"/> Intimidating, exploiting or extorting <input type="checkbox"/> Spreading harmful rumors or gossip <input type="checkbox"/> Other: _____
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Where did the incidences happen? (chose all that apply)

<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Lunch room	<input type="checkbox"/> Restroom <input type="checkbox"/> Playground/field <input type="checkbox"/> Field trip/activity/event	<input type="checkbox"/> Off school property <input type="checkbox"/> Email/text/computer <input type="checkbox"/> Other: _____
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When did the incidences happen? (choose all that apply)

<input type="checkbox"/> During class time <input type="checkbox"/> Passing period	<input type="checkbox"/> Recess <input type="checkbox"/> Before/after school	<input type="checkbox"/> Lunchtime <input type="checkbox"/> Other: _____
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Please indicate if the incidences involved aggression toward a student based on these actual or perceived characteristics:

<input type="checkbox"/> Appearance or Weight	<input type="checkbox"/> Sexual Orientation or Gender Identity	<input type="checkbox"/> Special needs or disability	<input type="checkbox"/> Race or Ethnicity	<input type="checkbox"/> Immigration Status
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Please describe the incident in more detail? (Please attach a sheet if more space is needed)

Person Completing Form		
Name: _____	Phone: _____	Date _____