

Pittsfield School District

**PUPIL SAFETY AND VIOLENCE PREVENTION (BULLYING)
REPORTING FORM**

School:

Directions: The Pittsfield School Board is committed to providing all students with a safe and secure school environment. Conduct constituting bullying and/or cyberbullying will not be tolerated and is hereby prohibited. This form is to be used to report alleged bullying that occurred on school property, at a school-sponsored event either on- or off-campus, on a school bus, or on the way to or from school. This form should be completed and returned to the dean of operations. Contact the dean of operations for additional information or assistance.

Today's Date:

Person Reporting the Incident:

Name:

Telephone:

Place an **X** in the appropriate box below indicating your status:

Student

Parent/guardian

School staff member

Other:

Information Regarding Incident:

1. Name and age of individual who was allegedly bullied:
2. Name(s) and ages of alleged offenders:

3. Date(s) on which alleged bullying occurred:
4. Place an **X** in the appropriate box that best describes the incident that is being reported; choose all that apply:
- Uninvited physical contact
 - Getting another person to engage in uninvited physical contact
 - Making threatening statements
 - Teasing, name-calling, critical remarks, etc.
 - Making demeaning or joking statements
 - Rude or threatening gestures
 - Intimidation, extortion, exploitation, etc.
 - Initiating, repeating, or spreading harmful rumors or gossip
 - Electronic communication; specify:
 - Other; specify
5. Place an **X** in the appropriate box that best describes where the incident that is being reported occurred; choose all that apply:
- On school property
 - On a school bus
 - On the way to or from school
 - At an off-campus school-sponsored activity
 - Off campus; specify:

***** FOR ADMINISTRATIVE USE ONLY *****

1. Date this report has been received by school employee:
2. Name and job title of person investigating this report:
3. Names, status (student, employee, parent, etc.) of persons interviewed in investigating this report:

4. Documented prior incidents (and dates) of alleged aggressor:

5. Place an **X** in the appropriate box that indicates impact of incident as reported by the alleged victim; choose all that apply:
 - Physical harm and/or uninvited physical contact
 - Damage to alleged victim's personal property or school property issued to the alleged victim
 - Emotional distress
 - Interference with alleged victim's educational opportunities
 - Creation of hostile educational environment
 - Fear of retaliation or reprisal
6. Outline of plan to protect alleged victim and/or witnesses from retaliation or reprisal (if applicable):

7. Notification of parents/guardians (both alleged victim and alleged offender(s)); include names of persons notified, method of communication (face-to-face, telephone, etc.), and date and time of communication:

8. Investigation:

a) Date that investigation is initiated:

b) Names and status (student, staff member, parent, etc.) of individuals interviewed and dates of interview:

c) Findings of investigation:

d) Date investigation completed:

e) Notification of parents/guardians (both alleged victim and alleged offender(s)) of the findings of the investigation; include names of persons notified, method of communication (face-to-face, telephone, etc.), and date and time of communication:

9. Conclusion of investigation:

a) Finding of bullying or retaliation (yes or no?):

b) If *no*, reported incident documented as:

c) If *yes*, place an **X** in the appropriate box; choose all that apply:

Admonishment

Temporary removal from classroom

Deprivation of privileges

Classroom or administrative detention

Referral to student support center

In-school suspension

Out-of-school suspension

Expulsion

Name and title of person completing this report:

Signature of person completing this report and date submitted:

Adopted: September 3, 2009
Amended: April 2, 2015