**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**

**Report of Suspected Bullying (E5145.4)**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions:** Complete this form to report alleged bullying. Please forward one copy to the principal and one copy to Bullying Prevention Specialist **immediately.** An investigation will be conducted to determine if bullying occurred and corrective actions needed**.**

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| **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) | |
| Direct physical aggression/fighting  Getting another person to hit or harm student  Teasing, name-calling, threatening  Making rude or threatening gestures  Using racial or religious slurs | Excluding or rejecting the student  Sexual name calling  Intimidating, exploiting or extorting  Spreading harmful rumors or gossip  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Where did the incident happen?** (chose all that apply) | | |
| Classroom  Hallway  Lunch room | Restroom  Playground/field  Field trip/activity/event | Off school property  Email/text/computer  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **When did the incident happen?** | | |
| During class time  Passing period | Recess  Before/after school | Lunchtime  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please indicate if the incident involved aggression toward a student based on these actual or perceived characteristics:** | | | | |
| Appearance or Weight | Sexual Orientation or Gender Identity | Special needs or disability | Race or Ethnicity | Immigration Status |

**Please describe the incident in more detail?** (Please attach a sheet if more space is needed)

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| **Person Reporting Alleged Incident** (may not be the person completing this form) | | | | | | |
| Name: |  | Phone: |  | Title: |  | |
| **Person Completing Form** | | | | | | |
| Name: |  | Phone: |  | Title: |  | |
| Signature: |  | | | Date Completed: | |  |