



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Report of Suspected Bullying (E5145.4)**

Two-Sided Form P. 1 of 2

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

Date of Incident(s): _____ **School:** _____

Name of Student Targeted: _____ **Grade:** _____

Name of Student Aggressor(s): _____ **Grade:** _____

_____ **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, touching <input type="checkbox"/> Intimidating, exploiting or extorting <input type="checkbox"/> Spreading harmful rumors or gossip <input type="checkbox"/> Other: _____

Where did the incident 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: _____

When did the incident happen?		
<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: _____

Please indicate if the incident involved aggression toward a student with any of these characteristics:			
<input type="checkbox"/> Overweight	<input type="checkbox"/> Gay, lesbian, bisexual, transgender (or perceived to be)	<input type="checkbox"/> Special needs or disability	<input type="checkbox"/> Non-dominant race, color or national origin

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

Person Reporting Alleged Incident (may not be the person completing this form)		
Name: _____	Phone: _____	Title: _____

Person Completing Form		
Name: _____	Phone: _____	Title: _____
Signature: _____	Date Completed: _____	



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Report of Suspected Bullying (E5145.4)
 (This Side To Be Completed by Administrator)

Person Conducting Suspected Bullying Investigation:

Name: _____ Title: _____

Summary of Investigation:

Outcome of Investigation: Did the suspected bullying incident investigated meet the district's definition of bullying?

Yes **No** If bullying did not occur, **process complete.**

If bullying behavior occurred, create a Student Action Plan for the student who acted aggressively and a Student Safety Plan for the targeted student.

Student Action Plan Completed: _____ **Date:** _____

Student Safety Plan Completed: _____ **Date:** _____

Contact the parent/guardian(s) of the student(s) who were targeted and who did the bully behavior for this incident:

Parent's name: _____ **Date:** _____

Parent's name: _____ **Date:** _____

Signature: _____ **Date:** _____

Administrator to send copy of 1.Report of Suspected Bullying (two sided form) **2.** Student Action Plan and **3.** Student Safety Plan to Bully Prevention Specialist @ **Serna Center Fax # 643-9481 or PO BOX 708 Sacramento, CA 95824**