**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:** |  |

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| **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 | [ ]  Other: |

**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: |  |