

# Bullying Referral Form

Name: (person reporting) \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Name(s) of victim(s):</b>	<b>Name(s) of student(s) bullying:</b>	<b>Name(s) Witnesses/Bystanders:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date when bullying happened: \_\_\_\_\_

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**Frequency:** (circle)      First time                  Second Time                  Frequently                  On-Going

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**Type of Bullying** (circle all that apply):

- |                   |                          |                        |                           |
|-------------------|--------------------------|------------------------|---------------------------|
| Called Mean Names | Excluded                 | Hit, Kicked, Punched   | Told Lies or False Rumors |
| Threatened        | Inappropriate Comments   | Inappropriate Gestures | Inappropriate Touching    |
| Cyber-Bullying    | Took/Damaged Possessions |                        |                           |

Other (explain): \_\_\_\_\_

**Where did the bullying happen?** (circle all that apply):

- |            |              |                       |                 |
|------------|--------------|-----------------------|-----------------|
| Playground | Hallway      | In class with Teacher | Lunchroom       |
| Bathroom   | Line-up area | To/From School        | Computer/Online |
| Bus Stop   | Bus          | Phone                 | Other: _____    |
- 

**What did you try?**

- |           |        |                     |           |
|-----------|--------|---------------------|-----------|
| Walk away | Ignore | Tell them to "STOP" | Seek Help |
|-----------|--------|---------------------|-----------|
- 

**People the Victim has spoken to about the bullying incident** (list all that apply):

Teacher: \_\_\_\_\_ Other Adult at School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Sibling/ Friend: \_\_\_\_\_

**Explain what happened:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For office use only:**

Investigation Process (Please circle):

Investigated ? Yes No If yes, name(s) of investigating administrator(s): \_\_\_\_\_

School staff that was aware of the situation? Teacher Parent Bus Driver Support Staff Counselor

Did the administrator(s) investigate? Yes No

Did the administrator(s) make a determination? Yes No

Did the administrator(s) take action? Yes No

Action taken (please circle): student contact teacher contact parent contact

Counselor referral consequence detention

Restitution mediation other \_\_\_\_\_

Repeat Offender: yes No

Comments/Notes: