



BULLYING REPORT FORM

South Washington County Schools • Independent School District 833

General Statement of Policy Prohibiting Bullying

Independent School District No. 833, South Washington Schools, maintains a firm policy prohibiting all forms of bullying. An act of bullying by either an individual student or group of students is expressly prohibited on school district property or at school-related events. This policy applies not only to students who directly engage in an act of bullying, but also to students who, by their indirect behavior, condone or support another student's act of bullying. For the purpose of this form, bullying is defined as repeated acts (verbal and non-verbal expressions and behaviors including written and electronic transmissions) that are coercive and intimidating and inhibit a positive and supportive learning environment.

Complainant Information

Name: _____	Home Phone: _____
Home Address: _____	Work Phone: _____
Best time of day to contact: <input type="checkbox"/> am <input type="checkbox"/> pm at <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
	Cell Phone: _____

Incident Information

Date: _____	Location: _____
Bully or Bullies:	
Names of Witness(s):	

This complaint is filed based on my belief that _____ bullied me or another person. I hereby certify that the information I have provided in this complaint is true and complete to the best of my knowledge.

Complainant Signature: _____ Date: _____

Received by Signature: _____ Date: _____

**Woodbury High School bullying reports:
Please return this completed form to a WHS assistant principal.**

I would like the school to be aware of this situation. I do not want it acted upon/investigated further at this time. I know that I can contact the teacher, social worker and/or administrator if I change my mind.

Parent Signature: _____

(over)

Description of Incident

Describe the incident(s) in detail. Please include any verbal statements (i.e., threats, requests, demands, name calling) or whether any physical force or contact was involved. Attach additional pages if necessary. If incident occurred on site, for camera ID purposes, please fill in the following:

Date:

Location: (Camera)

Time:

Description of students (include clothing or other identifying items)

Description of written bullying (i.e. text message, facebook, tumbler, twitter etc.)

Total pages submitted including this page _____ (include name and date on each page.)