



# 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.

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)	
<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 <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 based on these actual or perceived characteristics:			
<input type="checkbox"/> Appearance or Weight	<input type="checkbox"/> Sexual Orientation or Gender Identity	<input type="checkbox"/> Special needs or disability	<input type="checkbox"/>

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