**Bullying Referral Form**

Name (person reporting): ___________________________ Teacher: _______________ Date: ____________

Class: ___________________________ School District: ___________________________ Grade: ______________

Name/s of victim/s: ___________________________ Name/s of student/s bullying: ___________________________

Name/s of witnesses/Bystanders: ___________________________

Date when bullying happened: __________________________________________________________________________

**Frequency:** (circle) First Time Second Time Frequently Ongoing

**Type of Bullying:** (circle all that apply):
- Excluded
- Called Mean Names
- 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):
- Hallway
- Classroom
- Bathroom
- To/From School
- Bus Stop
- Bus
- Lunchroom
- Phone
- Computer/Online
- 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:**
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature: ___________________________ Date: ___________________________
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 suspension

restitution mediation other ____________________

Repeat Offender: Yes No

Comments/Notes: