



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**  
**Report of Suspected**  
**Bullying/Harassment/Discrimination**

**Two-Sided Form**  
**P. 1 of 2**

**Directions:** Complete this form to report alleged bullying/harassment/discrimination. Please forward to the principal **immediately**. An investigation will be conducted to determine if bullying occurred and corrective actions needed.

**Bullying/Harassment/Discrimination are defined as:** physical, verbal, nonverbal or written conduct that is so severe and pervasive that it affects a student's ability to participate in or benefit from an education program or activity; creates an intimidating, threatening, hostile, or offensive educational environment; has the effect of substantially or unreasonably interfering with a student's academic performance; or otherwise adversely affects a student's educational opportunities.

<b>Date of Alleged Incident(s):</b>	<b>School:</b>
<b>Name of Student Targeted:</b>	<b>Grade:</b>
<b>Name of Student Aggressor:</b>	<b>Grade:</b>
<b>Name of Student Aggressor:</b>	<b>Grade:</b>
<b>Name of Student Aggressor:</b>	<b>Grade:</b>

**What happened?** (Choose 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: _____
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**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: _____
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**When did the incident happen?**

<input type="checkbox"/> During class time <input type="checkbox"/> Passing period	<input type="checkbox"/> Recess <input type="checkbox"/> Before/afterschool	<input type="checkbox"/> Lunchtime <input type="checkbox"/> Other: _____
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**Please describe the incident in more detail?** (Please attach a sheet if more space is needed)

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



Report of Suspected Bullying  
(This Side To Be Completed by Administrator)

**Administrator Conducting Investigation**

Name:	Title:
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**Summary of Investigation:**

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**Outcome of Investigation:** Did the incident investigated meet the district's definition of bullying/harassment/discrimination?

<input type="checkbox"/> No	If bullying/harassment/discrimination did not occur, <b>process is complete</b>
<input type="checkbox"/> Yes	<b>If bullying/harassment/discrimination behavior occurred, create a:</b> 1. Action Plan for the student(s) who engaged in bullying/harassment/discrimination behavior. 2. Safety Plan for the targeted student.
<input type="checkbox"/> Student Action Plan completed	Date:
<input type="checkbox"/> Student Safety Plan completed	Date:

**Contact the parent/guardian(s) of the student(s) who were targeted or engaged in behavior**

Parent Name:	Date:
Parent Name:	Date:
Parent Name:	Date:

**Administrator Completing This Form**

Name:	Date:
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Administrator to send copy of 1.Report (two-sided form) 2. Student Action Plan and 3. Student Safety Plan to Director of Student Services or fax # 837-2605.