



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
Report of Suspected Bullying

Two-Sided Form
P. 1 of 2

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

Bullying is 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.

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

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



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(This Side To Be Completed by Administrator)

Administrator Conducting Investigation	
Name:	Title:

Summary of Investigation:

Outcome of Investigation: Did the incident investigated meet the district's definition of bullying?	
<input type="checkbox"/> No	If bullying did not occur, process is complete
<input type="checkbox"/> Yes	If bullying behavior occurred, create a: 1. Action Plan for the student(s) who engaged in bullying 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 and those who engaged in bullying behavior	
Parent Name:	Date:
Parent Name:	Date:
Parent Name:	Date:

Administrator Completing This Form	
Name:	Date:

Administrator to send copy of 1. Report of Suspected Bullying (two-sided form) 2. Student Action Plan and 3. Student Safety Plan to the Assistant Superintendent of Human Resources or fax # 552-5092.