

Caro Community Schools Bully Reporting By Student

To be completed by complainant

Date Submitted: _____

STUDENT NAME: _____ Are you: Victim Witness

Instructions: Please provide the following information: (Name(s) of victims, Name(s) of offenders, Name(s) of witnesses

Yes No Are there immediate safety needs? _____

Name(s) of Victim(s): _____ Grade or Status _____

_____ Grade or Status _____

_____ Grade or Status _____

Name(s) of Offender(s): _____ Grade or Status _____

_____ Grade or Status _____

_____ Grade or Status _____

Name(s) of Witness(s): _____ Grade or Status _____

_____ Grade or Status _____

_____ Grade or Status _____

Location of Incident _____ Form: electronic physical emotional

Please note your account of the incident and WHY you think bullying has occurred:

Suggested Follow up (check all that apply): Having made this report, I would like to...

try to solve the problem by myself. have my parents/guardians called. speak with a counselor

have the principal investigate. meet with an administrator meet with a teacher

I have these specific concerns: Fear of retaliation Physical injury Damaged clothing

Damaged Property Emotional Needs Transportation Needs Other

Adult Receiving the Report : _____ Phone Number: _____

Potential Procedures

This is not a sequential pattern. Differing factors will generate differing actions.

(Factors: time between incidents, severity of incident, Special Education status, previous re-education effort)

First Report -	Report filed, parents contacted	Possible: warning, lunch or after school awareness class
2 nd Report -	Report filed, parents contacted	Possible: detention, lunch or after school awareness class
3 rd Report -	Report filed, parents contacted	Possible: suspension, school awareness class, counseling
4 th Report -	Report filed, parents contacted	Possible: expulsion