

Washington Unified School District Suspected Bullying Report – CONFIDENTIAL

Complete this form if you have credible information regarding a bullying incident. Please forward to the site administrator *immediately*.

□ <u>Person reporting alleged incident:</u>	OR	□ <u>Anonymous reporter</u>		
Name/Title:				
Phone: Date:				
Date of Incident(s):	School:			
Name of Student Targeted:		Grade:		
Name of Student Aggressor(s):		Grade:		
		Grade:		
Diago on V novi to the statement(s) that has t	mihog hg 4 1	honnonad (ahoogo all that any ha).		
Place an X next to the statement(s) that best desc	cribes what	□ Spreading Rumors		
□ Shoving		□ Internet Posting		
□ Sile ting		Electronic Messaging		
□ Name-Calling		□ Slam Book		
□ Taking Property				
□ Destroying Property		□ Social Cruelty (LIST):		
□ Other Physical Act (LIST):				
Where did this incident take place?				
□ Bus Stop		🗆 Cafeteria		
\Box Bus		□ Classroom		
Playground/Athletic Field		□ Locker Room		
□ Other (LIST):		□ On the way to/from school		
When did this incident take place?				
Date/time:				
Date/time:				
Date/time:				
Briefly describe sequentially what occurred (use	additional p	paper as needed):		
Person completing form, if not anonymous:				
Name/Title:		Phone:		
Signature:		Date:		



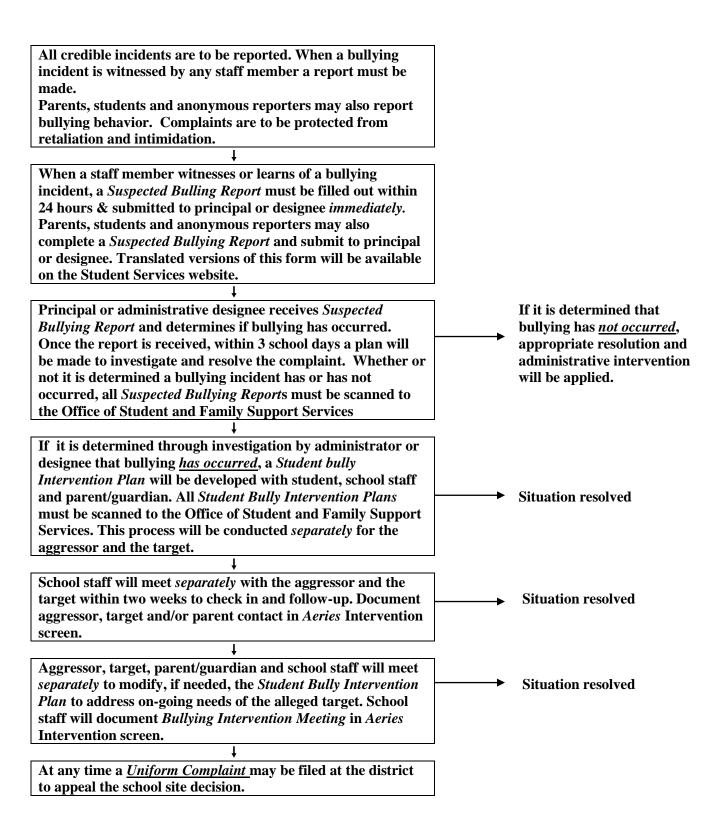
<u>Suspected Bullying Report – CONFIDENTIAL</u> <u>This Page To Be Completed by Administrator</u>

Administrator Conducting Suspected Bullying In	vestigation:				
Name: Title			<u>:</u>		
Parties interviewed: Aggressor	arget	□ Witnesse	es/Bystanders		
Summary of Investigation (use additional paper as	s needed):				
Investigation outcome: Did this situation meet the Yes No If bullying did not of If bullying behavior occurred, develop a <i>Student E</i>	occur, process	is complete at t	his time.	arossively and	
for the targeted student.	sully Interventi	on rian for the	student who acted ag	ggressively and	
Student Bully Intervention Plan completed for Ag Student Bully Intervention Plan completed for Ta	0	Yes □No Yes □No	Date: Date:		
Contact the parent(s)/guardian(s) of the student(s)) who are targ	eted and who di	d the bully behavior	for this Incident:	
Parent's/Guardian's Name:			Date:		
Parent's/Guardian's Name:			Date:		
Immediate Action Taken (involving Aggressor and Aggressor:	d Target): Target:				
Referred to Principal – Date:		l to Principal –			
Parents/guardians contacted- Date: Other:		□ Parents/guardians contacted – Date: □ Other:			
Administrator/Designee Signature:			Date:		

Administrator: Please send copy of 1) Suspected Bullying Report form 2) Student Bully Intervention Plan to Lisa Guillen, Director of Student and Family Support Services



AB 9 Bullying Investigation Process





Washington Unified School District <u>Student Bully Intervention Plan</u>

Complete this form with either the aggressor or the target involved in the bullying incident.

Date of Incident(s):	School:	
Name of Student:	□ Target	□ Aggressor
In order to be safe and keep others safe at school, you will:		
1		
2		
In order to support your safety or the safety of others, the sc	hool will:	
1		
2		
To support your safety and the safety of others, your family	will:	
1		
2		
If you feel you need more support, the school can recommen	d additional resources su	ch as:
1		
2		
Student Signature:	Date:	
Parent Signature:	Date:	
Staff Signature:	Date:	
Please indicate the staff person who will follow up with the staff start as here l	tudent to see if the plan is	working and if the student feels
<u>safe at school.</u>		

Date of follow-up.

Name: _____