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.

☐ Person reporting alleged incident: OR ☐ Anonymous reporter

Name/Title: __________________________
Phone: __________________________

Date of Incident(s): ____________ Date: ________________

Name of Student Targeted: __________________________
School: __________________________ Grade: ____________

Name of Student Aggressor(s): __________________________
Grade: ____________
Grade: ____________

Place an X next to the statement(s) that best describes what happened (choose all that apply):
☐ Hitting ☐ Spreading Rumors
☐ Shoving ☐ Internet Posting
☐ Kicking ☐ Electronic Messaging
☐ Name-Calling ☐ Slam Book
☐ Taking Property ☐ Exclusion
☐ Destroying Property ☐ Social Cruelty (LIST):
☐ Other Physical Act (LIST):

Where did this incident take place?
☐ Bus Stop ☐ Cafeteria
☐ 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 paper as needed):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Person completing form, if not anonymous:
Name/Title: __________________________ Phone: __________________________
Signature: __________________________ Date: __________________________
Suspected Bullying Report – CONFIDENTIAL
This Page To Be Completed by Administrator

Administrator Conducting Suspected Bullying Investigation:
Name: ___________________________ Title: ___________________________

Parties interviewed: □ Aggressor □ Target □ Witnesses/Bystanders

Summary of Investigation (use additional paper as needed):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Investigation outcome: Did this situation meet the criteria as a suspected bullying incident:
□ Yes □ No If bullying did not occur, process is complete at this time.

If bullying behavior occurred, develop a Student Bully Intervention Plan for the student who acted aggressively and for the targeted student.

Student Bully Intervention Plan completed for Aggressor □ Yes □ No Date: ________________
Student Bully Intervention Plan completed for Target □ Yes □ No Date: ________________

Contact the parent(s)/guardian(s) of the student(s) who are targeted and who did the bully behavior for this Incident:
Parent’s/Guardian’s Name: ___________________________ Date: ________________

Parent’s/Guardian’s Name: ___________________________ Date: ________________

Immediate Action Taken (involving Aggressor and Target):
Aggressor: □ Referred to Principal – Date: _______ □ Parents/guardians contacted – Date: _______
□ Other: ___________________________

Target: □ Referred to Principal – Date: _______ □ 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**

All credible incidents are to be reported. When a bullying incident is witnessed by any staff member a report must be made. Parents, students and anonymous reporters may also report bullying behavior. Complaints are to be protected from retaliation and intimidation.

When a staff member witnesses or learns of a bullying incident, a *Suspected Bullying Report* must be filled out within 24 hours & submitted to principal or designee immediately. Parents, students and anonymous reporters may also complete a *Suspected Bullying Report* and submit to principal or designee. Translated versions of this form will be available on the Student Services website.

Principal or administrative designee receives *Suspected Bullying Report* and determines if bullying has occurred. Once the report is received, within 3 school days a plan will be made to investigate and resolve the complaint. Whether or not it is determined a bullying incident has or has not occurred, all *Suspected Bullying Reports* must be scanned to the Office of Student and Family Support Services. If it is determined that bullying has *not occurred*, appropriate resolution and administrative intervention will be applied.

If it is determined through investigation by administrator or designee that bullying has *occurred*, a *Student Bully Intervention Plan* will be developed with student, school staff and parent/guardian. All *Student Bully Intervention Plans* must be scanned to the Office of Student and Family Support Services. This process will be conducted separately for the aggressor and the target.

School staff will meet separately with the aggressor and the target within two weeks to check in and follow-up. Document aggressor, target and/or parent contact in *Aeries* Intervention screen. Situation resolved

Aggressor, target, parent/guardian and school staff will meet separately to modify, if needed, the *Student Bully Intervention Plan* to address on-going needs of the alleged target. School staff will document *Bullying Intervention Meeting* in *Aeries* Intervention screen. Situation resolved

At any time a *Uniform Complaint* may be filed at the district to appeal the school site decision.
Washington Unified School District
Student Bully Intervention Plan

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 school 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 recommend additional resources such as:

1. _____________________________________________________________________________________________

2. _____________________________________________________________________________________________

Student Signature: ___________________________ Date: ___________________________

Parent Signature: ___________________________ Date: ___________________________

Staff Signature: ___________________________ Date: ___________________________

Please indicate the staff person who will follow up with the student to see if the plan is working and if the student feels safe at school.

Name: ___________________________ Date of follow-up: ___________________________