

# Anderson Preparatory Academy

## Elementary Student Bullying Report Form

Definition of bullying: an overt, unwanted, **repeated** act or gesture, including written or verbal communications or images transmitted in any manner, physical acts, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other targeted student and create for the targeted student an objectively hostile school environment. Bullying is **NOT** peer conflict, horseplay, or fighting. Bullying is considered to be a form of abuse. Mutual conflict where both parties participate equally is not considered bullying.

**Person Reporting Bullying** \_\_\_\_\_ **I'd like this report to be anonymous**

**Today's date** \_\_\_\_\_ **Classroom Teacher** (of person being bullied) \_\_\_\_\_

**When** did the bullying happen? \_\_\_\_\_

**Who** do you think was bullied? \_\_\_\_\_

What **Grade**? \_\_\_\_\_

**Who** do you think was bullying? \_\_\_\_\_

What **Grade**? \_\_\_\_\_

**Type of Bullying** (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Called mean names                       | <input type="checkbox"/> Excluded (left out)       | <input type="checkbox"/> Took or damaged something |
| <input type="checkbox"/> Threatened                              | <input type="checkbox"/> Hit, kicked, punched      | <input type="checkbox"/> Told lies/spread rumors   |
| <input type="checkbox"/> Cyber-bullying (online/email/text, etc) | <input type="checkbox"/> Racial/offensive comments |  |

**Where did the bullying happen?** (check all that apply)

- |                                     |                                    |   |  |                                    |
|-------------------------------------|------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Hallway    | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> On the Bus           | <input type="checkbox"/> Bus Stop          | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom  | <input type="checkbox"/> Going to/from school | <input type="checkbox"/> Online/email/text |                                    |

**Is this the first time that this has occurred?**  Yes  No

**Have you filed a Student Bullying Report before?**  Yes  No

**Who has been told about the incident or saw what happened?** (Check all that apply)

- |  |                                    |                                    |  |
|--|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Teacher             | <input type="checkbox"/> Principal | <input type="checkbox"/> Friend    | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Students  | <input type="checkbox"/> Counselor | <input type="checkbox"/> Nobody Yet      |

Any other information that you would like to share:

Received Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

**Please give this form to your counselor, teacher or to another staff member. Thank you for making this report.**

## INVESTIGATION REPORT

Investigated by: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Final Report of Investigation of bullying complaint by \_\_\_\_\_  
against \_\_\_\_\_, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

Found grounds to substantiate the report as a bullying incident

Incident was:  Verbal                       Physical                       Social/Relational                       Written or  
Electronic

Did not find grounds to substantiate the allegations

Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Contacted:  Yes    Date: \_\_\_\_\_                       No

Signature of Investigator/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not the investigator)