

Bullying Incident Report Form

If you have been the target of bully behavior or have witnessed bully behavior of a Gallatin student, complete this form and submit to the building principal. Complaints against the building principal should be submitted to the Superintendent. Reports of bully behavior will be investigated and disciplinary action will be taken as warranted.

Indicate the appropriate response to the following with a check mark(s):

You are a: _____ Student _____ Parent _____ Employee _____ Volunteer

Date(s) of alleged bully behavior: _____ Time (approx.): _____

Location of alleged bully behavior: _____

Name of student(s) subjected to bully behavior: _____

Person(s) alleged to have committed the bully behavior or harassment: _____

Summarize the incident(s) or occurrence(s) of bully behavior as accurately as possible. Attach additional sheets or use back side of the form, if necessary.

Name of Witnesses: _____

Have you reported this to anyone else: _____ Yes _____ No. If so, who? _____

Name of Complainant* _____ Grade: _____ Date Filed: _____

*Students have the right to complete this form anonymously. However, it will be easier for the District to investigate this matter if as much information as possible is provided. Submission of a good faith complaint or report of bully behavior or harassment will not affect the complainant or reporter's future employment, grades, learning, or working environment. A complainant that falsely accuses someone will be subject to disciplinary action.

This section is for use of ANYONE documenting a bullying incident

Student targeted in incident: _____

Student(s) reportedly engaged in bullying behavior: _____

Adult making or receiving report: _____

Brief description of the incident, date, and time:

This section is for use of DISTRICT ADMINISTRATION

Date Received by Principal: _____ Initial conference date: _____

Recommendations:

Follow-up conference date: _____ Time: _____ Conducted by: _____

Present:

- | | | |
|----------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Teacher | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Student | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Other _____ | | |

Current assessment of situation:

Recommendations:

Parents contacted: _____ Date: _____

Additional actions or notes:

Next Steps:

Next follow-up conference date: _____ Time: _____

Person making contact: