

**I.S.D. #318 REPORT OF STUDENT BULLYING**

Grand Rapids Public School maintains firm policies prohibiting bullying toward students. Use this form to report an incident where you have reasonable grounds to believe a student has violated the policy.

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ School: \_\_\_\_\_ Bus: \_\_\_\_\_  
Name of person filing complaint: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of person allegedly violating the policy: \_\_\_\_\_ Grade: \_\_\_\_\_  
Witnesses who saw the incident: \_\_\_\_\_

1. Describe the incident stating facts clearly. Describe any physical force. Write down any verbal statements as exactly as possible.

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

Telephone #: \_\_\_\_\_ Signature: \_\_\_\_\_

2. The outcome of the investigation determined that violation of our policy:  
\_\_\_ did \_\_\_ did not occur.

3. Discipline Action: (date - action)  
\_\_\_\_\_ education on District Policy & verbal warning  
\* this education method will not be repeated (progressive discipline)  
\_\_\_\_\_ dismissal for less than a day  
\_\_\_\_\_ suspension for \_\_\_ days  
\_\_\_\_\_ parents notified \_\_\_ phone \_\_\_ letter  
\_\_\_\_\_ conference with student  
\_\_\_\_\_ conference with student and parents  
\_\_\_\_\_ meeting with classroom teacher and request behavior monitored  
\_\_\_\_\_ referral to \_\_\_ social worker \_\_\_ counselor  
\_\_\_\_\_ I.E.P. / Special Education meeting scheduled

4. Notes: \_\_\_\_\_

Date received: \_\_\_\_\_ By:  
 Principal  
 Teacher  
 Counselor  
 Other

\_\_\_\_\_  
Principal's Signature (required on all reports)  
Send a copy to: **DISTRICT #318 SUPERINTENDENT- Telephone # 327-5704**