



Perris Union High School District
BULLYING, HARASSMENT or INTIMIDATION

Bullying is severe, repeated or pervasive physical, verbal act or conduct, including communications made in writing or other electronic means.

Please complete this form to initiate the investigation process for acts of bullying. The investigation outcome will be shared with the parent/guardian. The school is not permitted to provide information about other students or discipline issued.

Today's Date: ___/___/___
 Month Day Year

School: _____

Person Reporting Incident: _____ or Anonymous Report

Telephone: _____ Email: _____

Check appropriate box for questions below:

I am (check one): Staff Student Parent Community Member

I am (check one): Person who was bullied Person who witnessed bullying

Person who participated in bullying Person who is concerned about bullying

Have you previously reported bullying behavior? Yes No

If yes, to whom? _____

1. Name of student (target): _____ Age: _____ Grade: _____

2. Name(s) of alleged offender(s), if known: _____ Grade _____ School (if known) _____

3. Did anyone else witness the bullying? Yes No

If yes, list names: _____

4. Where did the bully behavior happen? *Check all that apply*

Classroom Hallway Restroom Gym Locker Room Lunchroom Field

School Bus Internet Cell Phone Outside Another Campus To/From School

Other: _____

5. When did the incident or bullying occur?

_____/_____/_____
 Month Day Year _____
 Month Day Year _____

 Month Day Year

6. Please check the box next to the statement(s) that best describes what happened: *(choose all that apply)*

Physical: Hitting, kicking, shoving, spitting, etc. Getting another person to hit or harm the student

Teasing, name calling, put downs, criticizing, jokes Property Issues (hiding, damaging, taking)

Threatening in person, by phone, by email, etc. Making rude and/or threatening gestures

Excluding or rejecting the student Spreading hurtful rumors or gossip

Demanding money/homework/etc. Cyberbullying: Social media, etc.

Other: _____

7. Do you have evidence of the bullying behavior? Yes No

8. If yes, what type of evidence: Text Messages Video(s) Screenshot(s) Note(s) Social media

Other: _____

9. Did a physical injury result from this incident?

No Yes-No Medical Attention Yes-Medical Attention Needed

10. Has the student (target) missed school or made any changes to his/her daily routine as a result of bullying or this incident?

No If yes, how many days was the student absent as a result of this incident? _____

11. Has the student (target) missed told anyone about the bullying? No Yes (Specify)

Parent/Guardian Sibling Teacher School Counselor School Nurse Other School Staff

Other: _____

Describe what happened or what is happening: Use all exact language and as much detail as possible. Additional pages may be attached.	
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I agree that all of the information on this form is accurate to the best of my knowledge.

Signature

Date

OFFICE USE ONLY			
1. Complainant was informed about results of investigation, actions to be taken, and counseled about reporting any future reoccurrence or attempts of retaliation <input type="checkbox"/> Yes <input type="checkbox"/> If No, explain in comments below.			
2. Investigation results and the appeal process were explained to the parent/guardians of the student (target): <input type="checkbox"/> Yes Person contacted: _____ Date: _____ Time: _____ <input type="checkbox"/> If No, explain in comments below.			
3. Offender was informed about retaliation and disciplinary action if incident recurs <input type="checkbox"/> Yes <input type="checkbox"/> If No, explain in comments below.			
RESOLUTION			
<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Partially Substantiated	Comments:		
Admin Name:	Signature:	Date:	