

ALLEGATION OF BULLYING INCIDENT

This form is for

The School District of La Crosse views *bullying* as exposure to negative behavior exhibited repeatedly and over time by one or more people.

use when reporting repeated bullying incidents. It may be used by school and police officials when investigating this or other related incidents.

Report Made By (PRINT): _____ Date: _____

Exact Location(s) of Incident: _____

Date of Incident: _____ Approximate Time of Incident: _____

Check those that apply:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> kicking | <input type="checkbox"/> teasing | <input type="checkbox"/> exclusion from game/activity |
| <input type="checkbox"/> hitting | <input type="checkbox"/> embarrassment | <input type="checkbox"/> name calling |
| <input type="checkbox"/> pushing | <input type="checkbox"/> tripping | <input type="checkbox"/> rude gestures |
| <input type="checkbox"/> spitting | <input type="checkbox"/> hate notes | <input type="checkbox"/> spreading rumors |
| <input type="checkbox"/> insulting | <input type="checkbox"/> discrimination | <input type="checkbox"/> cyber-bullying |
| <input type="checkbox"/> hazing | <input type="checkbox"/> put downs | <input type="checkbox"/> intimidation |

other(s) _____

Please identify witnesses who can support your allegation.

1. _____
2. _____
3. _____

Please describe in detail exactly what occurred, anyone who was involved, or anything else you believe might be of assistance. Details are very important.

(If necessary, please continue report on back.)

Has an incident with the same individual happened before? Yes No

If yes, please describe in detail exactly what occurred, anyone who was involved, or anything else you believe might be of assistance. Details are very important.

(If necessary, please continue report on back.)

I certify that all statements made above are true to the best of my knowledge. I understand that if I falsify this document, I can be held subject to consequences at school and by legal authorities (if applicable). I understand I should not interfere with any investigation by talking to witnesses or threatening any form of retaliation.

Signature

Date Submitted

This matter has been reviewed and has been found substantiated unsubstantiated

Signature of Investigating Personnel

Date Completed