



Did the bullying include mean comments about you or your friends? What were the mean comments about?

\_\_\_\_\_ Size, weight or how you look

\_\_\_\_\_ Identity (gender expression/identity)

\_\_\_\_\_ How well you do in school

\_\_\_\_\_ Skin color

\_\_\_\_\_ Your religion or beliefs

\_\_\_\_\_ Other things

What kind of bullying happened? Was it:

<b>_____ Physical Acts</b> Such as hitting, spitting, kicking, or damaging you or another student's possessions	<b>_____ Cyber/Online</b> Occurs on website or social media, by cell phone, email or text message
<b>_____ Emotional</b> Spreading mean rumors or lies about you or another student	<b>_____ Social</b> Excluding you or another student from a group, telling other kids not to talk to you or another student
<b>_____ Verbal</b> Saying mean or hurtful things or threatening you or another student	<b>_____ Harassment</b> Bullying behavior that is also based on a protected class: <input type="checkbox"/> Race, color, national origin; <input type="checkbox"/> religion; <input type="checkbox"/> sexual orientation; <input type="checkbox"/> age; <input type="checkbox"/> disability

Who else saw what happened? Write their names here: \_\_\_\_\_

Was an adult nearby? Who? \_\_\_\_\_

### For Office Staff Only:

Follow up completed by: \_\_\_\_\_

#### Complete ONLY if harassment is checked

Determination:  Harassment (Non sexual)  Violence  Discrimination (Not on the basis of sex)

Sexual Harassment or Sex Discrimination

#### Setting of bullying or harassment

School Related  Outside of School Only  Electronic Communication

#### Actions taken:

Monitor  Student Conference  Mediation  Lunch Detention  After-School Detention

In-School Suspension  Out-Of-School Suspension  Refer to Student Services

Referral to outside resource \_\_\_\_\_  Formal Investigation

Parent Contacted on \_\_\_\_\_  Other \_\_\_\_\_

Report to District Human Rights Office/Title IX Coordinator

**Additional Notes:**

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