



RICHFIELD

PUBLIC SCHOOLS

ELEMENTARY BULLYING REPORT

General Statement of Policy on Bullying

Bullying is when someone is being hurt either by words or actions on purpose, usually more than once, feels bad because of it, and has a hard time stopping what is happening to them.

1. While at school, have you experienced bullying as described above? _____ Yes _____ No
2. If so, were you able to tell a teacher, principal, or school staff? _____ Yes _____ No

About You

Name: _____ Date: _____ Grade: _____

Tell Us What Happened

Student who was harmed: You Another person (Name) _____

Student(s) who did the harm: _____

When did it happen: _____

Where did it happen:

Classrooms Cafeteria/ Recess School Bus Hallways Social Media/ Internet/Text

Other _____

Has it happened before: _____ Yes _____ No If yes, how many times: _____

Notes: _____

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:

_____ Physical Acts Such as hitting, spitting, kicking, or damaging you or another student's possessions	_____ Cyber/Online Occurs on website or social media, by cell phone, email or text message
_____ Emotional Spreading mean rumors or lies about you or another student	_____ Social Excluding you or another student from a group, telling other kids not to talk to you or another student
_____ Verbal Saying mean or hurtful things or threatening you or another student	_____ Harassment 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:
