**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**

**P. 1 of 2 Two-Sided Form**

**Report of Suspected Bullying (E5145.4)**

**Directions:** Complete this form to report alleged bullying. Please forward to the principal **immediately.** An investigation will be conducted to determine if bullying occurred and corrective actions needed**.**

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| **Date of Alleged Incident(s): School:**  |
| **Name of Student Targeted: Grade:**  |
| **Name of Student Aggressor: Grade:**  |
| **Name of Student Aggressor: Grade:**  |
| **Name of Student Aggressor: Grade:**  |

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| **What happened?** (chose all that apply) |
| [ ]  Direct physical aggression/fighting[ ]  Getting another person to hit or harm student[ ]  Teasing, name-calling, threatening[ ]  Making rude or threatening gestures[ ]  Using racial or religious slurs  | [ ]  Excluding or rejecting the student[ ]  Sexual name calling[ ]  Intimidating, exploiting or extorting[ ]  Spreading harmful rumors or gossip[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Where did the incident happen?** (chose all that apply) |
| [ ]  Classroom[ ]  Hallway[ ]  Lunch room | [ ]  Restroom [ ]  Playground/field[ ]  Field trip/activity/event | [ ]  Off school property[ ]  Email/text/computer[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **When did the incident happen?** |
| [ ]  During class time[ ]  Passing period | [ ]  Recess [ ]  Before/after school | [ ]  Lunchtime[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please indicate if the incident involved aggression toward a student with these actual or perceived characteristics:**  |
| [ ]  Overweight | [ ]  Gay, lesbian,  bisexual, transgender  | [ ]  Special needs or disability | [ ]  Non-dominant race,  color or national origin | [ ]  Other: |

**Please describe the incident in more detail** (Attach additional sheet if more space is needed)

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| **Person Reporting Alleged Incident** (may not be the person completing this form) |
| Name: Phone: Title:  |
| **Person Completing Form** |
| Name: Phone: Title:  |
| Signature: Date Completed:  |